



Pack 339 Photo Release Form

I, _____, parent of _____, hereby give my consent to the use of my name and photography (and, or that of my child) by Cub Scout Pack 339, and any of its subsidiaries and/or affiliate entities, for public relations, marketing or training purposes. I further consent that my voice, name and picture may be recorded or filmed, amplified and reproduced for such purposes.

As a participant of Cub Pack 339, or a family member of a cub scout, this consent is based on a full understanding of my right to privacy, and of my right not to consent to such photography or recording.

Accordingly, such consent is knowingly and voluntarily given.

Signature

Date

I do not give consent for my son or family to be shown

Signature

Date

Furthermore, in the event that a photo or video clip of my child or any other member of my immediate family is posted and I wish it removed, it will be taken off of the website(s) within 24-hours of confirmation with a webmaster(s) for aforementioned site(s).