

# American Legion Auxiliary

Department of Virginia



## CONSENT FOR USE OF PICTURE AND/OR VOICE

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the American Legion Auxiliary for authorized purposes, such as for education of or promotion of the American Legion Auxiliary.

Contact information for individual being photographed or recorded

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent).

*Name of Event: All American Legion Auxiliary Unit, District, Department, Division, or National meetings, events, or gatherings.*

*Name of Newspaper, Magazine, television station, website, social media site: National and Department Websites, Facebook, Instagram, Twitter, The Auxiliary Magazine, Bulletins, and Email blasts*

**I understand that the said picture, video and/or voice recording is intended for the following purpose(s):**

To promote the American Legion Auxiliary organization and its mission to aid and care for veterans of the United States of America; and furthermore, to publicize the events, meetings, activities, and fundraisers that the American Legion Auxiliary holds.

**I authorize disclosure of the picture and/or voice recording to the American Legion Auxiliary Department of Virginia.**

Signature of Individual or other Legally Authorized Person \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the American Legion Auxiliary for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.*

Signature of Interviewer or Individual obtaining Consent:

American Legion Auxiliary Department of Virginia Junior Activities Chairman

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:** This form must always be completed prior to the making or using pictures, video or voice recordings for publication for American Legion Auxiliary Junior member/s