



A Community of Volunteers Serving Veterans, Military, and their Families

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Location: _____

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I agree that the American Legion Auxiliary may use such photographs/video of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web-related content.

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Printed Name: _____

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Address: _____

Date: _____

Signature of Parent or Guardian: _____

(if under age 18)