

DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
ANSC-7020 (01-13)

U.S. COAST GUARD AUXILIARY
**PHOTOGRAPHY/VIDEO/AUDIO
CONSENT FORM / RELEASE**

I, (print name) _____, hereby grant permission to the United States Coast Guard Auxiliary to take and publish images and/or sound recordings of me in news releases and/or educational and promotional materials in any medium of expression without limitation and without compensation to me of any kind. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s) and/or recordings. _____ **(initial here only if permission to identify the subject is granted)**. I agree that all such images and sound recordings shall remain the property of the United States Coast Guard Auxiliary with exclusive right to their publication and that the United States Coast Guard Auxiliary may assign the rights granted herein to the United States Coast Guard Auxiliary Association, Inc.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

PARENTAL RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, represent that I am the parent of (child's name) _____ with the legal right to grant permission to the United States Coast Guard Auxiliary to take and publish images and/or sound recordings of my child in news releases and/or educational and promotional materials in any medium of expression without limitation without compensation to me or to my child. I further specifically agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s) and/or recordings. _____ **(Parent initials here only if permission to identify the child is granted.)** I agree that all such images and sound recordings shall remain the property of the United States Coast Guard Auxiliary with exclusive right to their publication and that the United States Coast Guard Auxiliary may assign the rights granted herein to the United States Coast Guard Auxiliary Association, Inc.

(Date)

(Signature of Parent)

(Address)

(City, State, Zip)