

# American Legion Auxiliary Wyoming Girls State

## MEDIA RELEASE

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(Please Print) Last Name	First Name	Hometown
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I hereby give the American Legion Auxiliary, Department of Wyoming permission to use my name, hometown, and picture(s), individual and/or in groups, in press releases for radio, newspaper, and/or on The American Legion Department of Wyoming Website and Wyoming Girls State Facebook Page.

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Signature of Girls State Delegate

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Date

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Signature of Parent or Legal Guardian of Girls State Delegate

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Date

***SIGN AND RETURN THIS FORM WITH WAIVER CARD***