

Media Opt-Out Form

I do <u>not</u> authorize U.S. Travel to use personally identifiable recordings or photographs of myself made by U.S. Travel and its agents during or in connection with my attendance at the Destination Capitol Hill legislative fly-in. I have provided a picture of myself to be used as reference to assure my dis-inclusion in any images used by U.S. Travel. I will notify photographers in my vicinity that I do not wish to be photographed. In signing this Form, I understand that U.S. Travel will make reasonable efforts to avoid access to, or remove, my image or voice for all purposes identified herein.

Adult (Over 1	8)		
Date:	Name:		
		City:	
State:	Zip:	Phone:	
Email:			
I confir	m that I have read an	nd agree to the terms of the above	"Media Opt-Out Form."
Signature:			
Child (Under	18)		
Date:	Child's name:		
Parent's Name	:		
Phone:		Email:	
I confir	m that I am the Pare	nt or Guardian of the child listed a	above and I affirm that I
have read and a	agree to the terms of	the above "Media Opt-Out Form"	,
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Return this fo	rm including a refe	rence photo to the Destination (Capitol Hill Registration
Desk. Form m	ust be countersigne	ed at desk to be effective.	
Form and Pho	to Received by:		
Date:			