

CAMP SOAR PHOTO RELEASE



PHOTO RELEASE

I hereby grant permission for Camp SOAR to use photographs and/or video of my child(ren) in publications, news releases, online, and in other communications related to the promotion of the camp to the public.

Names of child(ren):

NEIGHBORHOOD WALK

When the weather permits, we would like to take your child on a neighborhood walk. This walk would be contained in an area limited to three blocks from the park and would not include the crossing of any major roads without an adult directing the traffic to oncoming automobiles. If you will allow your child to take a neighborhood walk, please sign below.

I give my permission for my child(ren) to go on a neighborhood walk and the photo release as stated above.

Signature of Adult or Guardian of Child(ren)

Printed Name

Phone Number

Email Address

Emergency Contact

Emergency Contact Phone Number

Any allergies and/or medication that needs to be with the camper.