

Camp(s) you child is attending: _____, _____, _____

Dates : _____, _____, _____

FILL OUT THE BACK OF THIS FORM TOO PLEASE!

Photograph and Video Production Release: I hereby grant the Asbury Woods Partnership permission to use, in any way, photographs or videotape footage of myself for any Asbury Woods Partnership project. In doing so, I release the Asbury Woods Partnership, and all people associated with the Asbury Woods Partnership of any liability pertaining to the use of said photographs or video footage. I realize that by signing the agreement, the use of the said photographs is determined by the Asbury Woods Partnership, and the photographs and video footage, unless a prior agreement has been arranged, will become property of the Asbury Woods Partnership.

Parent/Guardian Signature

Release from Injury Claims: On behalf of myself and any of my minor children listed below as applicants for whom I have the authority to sign this Release, I give permission to attend and participate in Nature Camp Week(s) _____. I hereby release and discharge the Asbury Woods Partnership, Millcreek Township School District, their agents, employees, staff members, directors, officers and volunteers from any claims, responsibilities or liabilities for any injuries or harm incurred as a result of or in any way related to my participation and/or my child's participation in Nature Camp Week(s) _____.

Child's Name: _____

Date: _____

Parent/Guardian Signature

Pick-up Authorization: I give the following person(s) permission to pick my child

_____, from Summer Nature Camp:
(Child's name)

1. _____
2. _____
3. _____
4. _____
5. _____