



RELEASE OF INFORMATION/PHOTO/VIDEO

PRINT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NUMBER: _____

EMAIL: _____

PHOTO/VIDEO RELEASE

I, hereby give CAMP GIZMO and the Funders of the camp my free and unlimited consent and permission, waving all claims for any compensation by reason thereof or for damages by reason thereof, to use publish/broadcast, republish/rebroadcast, publish on social media networks or exhibit in the furtherance of its work with or without identification of me by name and/or my children, the irrevocable right and license to use my child(ren) likeness; to edit videotape or film or crop and alter photographs at our discretion, to incorporate the same in the production of media using my child(ren) image or likeness, and to use or authorize the use of the photograph taken of me and my child(ren) at Camp Gizmo becomes the property of the organizations sponsoring the Camp.

INFORMATION RELEASE

Family and child(ren) information provided by you in the application forms and kids camp questionnaires regarding your child(ren) is shared with appropriate camp staff. Information will be shared as part of the team process at the camp. The names of your child(ren) will be posted for Kids Camp location. Results of Diagnostic Evaluations conducted at Camp Gizmo will be provided to the student's school system or the WV Birth to Three Program for educational programming. Please notify Camp Gizmo coordinators if you do not want to share the reports.

SIGNATURE:

I, _____ hereby consent and agree, individually and as parents or legal guardian of: PRINT NAME(S) OF CHILD(REN)

to all the terms and provisions stated above.

Date: _____

Dates of Camp GIZMO 2019: July 13-17, 2019