

RELEASE/WAIVER FOR PHOTOGRAPHS

I, _____ give my permission to photograph or videotape my child(ren) _____

_____ and use the photos and his/her name(s) for Camp Fire publicity, including local newspaper articles or national newsletter/videos/website publicity.

Parent/ Guardian Signature

Date

Camp Kata Kani Summer Day Camp 2010
Date of Program: Weekly, June 14-August 13, 2010

Camp Kata Kani Day Camp 2010 PICK-UP AUTHORIZATION INFORMATION

CHILD(REN)'S FULL NAME(S): _____

AUTHORIZED ADULTS TO PICK UP CHILD(REN) FROM CAMP:

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

YOUR CHILD(REN) WILL NOT BE RELEASED TO ANY PERSON NOT LISTED ON THIS FORM. CAMP FIRE USA ILLINOIS PRAIRIE COUNCIL RESERVES THE RIGHT TO ASK THE PERSON PICKING UP YOUR CHILD TO SHOW IDENTIFICATION. CHILDREN WILL NOT BE ALLOWED TO LEAVE CAMP ON THEIR OWN.