



Innabah Photo/Video Release

Camper's Name _____

Section 1 (Please check the box if you approve of this information!)

As the parent/guardian of the camper named above, I give my **permission** to Innabah and the Eastern Pennsylvania Conference-United Methodist Church to: **Photograph, videotape, record, and interview my camper during the camp session for the purpose of evaluation, promotion, or advertisement of camp and retreat ministries. This is including, but not limited to, newsletters, displays, and, internet web sites.**

As the parent/guardian of the camper named above, I give my **permission** to Innabah and the Eastern Pennsylvania Conference-United Methodist Church to allow my camper to be in the **weekly camp photo.**

As the parent/guardian of the camper named above, I give my **permission** to Innabah and the Eastern Pennsylvania Conference-United Methodist Church to allow my camper to be in the **weekly dvd** that is shown on Friday nights and is sold each week.

Signature of Parent/Guardian _____

Printed Name _____

Section 2 **Only complete this portion if you object to any part of section 1!!!!!!

As the parent/guardian of the camper named above, I do not give my **permission** to Innabah to: Photograph, videotape, record, and interview my child during the camp session for the purpose of evaluation, promotion, or advertisement of camp and retreat ministries. This is including, but not limited to, newsletters, displays, and internet web sites.

As the parent/guardian of the camper named above, I do not give my **permission** to Innabah and the Eastern Pennsylvania Conference-United Methodist Church to allow my camper to be in the:

- weekly camp photo weekly dvd

Signature of Parent/Guardian _____

Printed Name _____

PLEASE TURN OVER!

EASTERN PENNSYLVANIA CONFERENCE, UNITED METHODIST CHURCH PARENT/LEGAL GUARDIAN AUTHORIZATION FOR DAY CAMPER RELEASE

Camper Name _____

Camp Program _____ Camp Number _____

THE CAMPER NAME ABOVE WILL BE PICKED UP AT CAMP BY
(circle number to indicate authorized person(s):

1. Mother and/or Father 3. Father only
2. Mother only 4. Legal Guardian

Or, the person(s) listed below have my permission to pick up the above-named camper at camp:

	NAME	RELATIONSHIP
5.	_____	_____
6.	_____	_____

SIGNATURE OF PARENT/LEGAL GUARDIAN:

_____ Date _____

THIS SECTION MUST BE COMPLETED AT TIME OF CAMPER PICK UP.

Day	Authorized Person # From Above	Date	Authorized Release Signature	Counselor Signature
1				
2				
3				
4				
5				

**THIS FORM MUST BE TURNED INTO THE CAMP STAFF AT
REGISTRATION!! A NEW FORM IS REQUIRED EACH WEEK!**

Please turn over!