

Camp Wegesegum Inc.

**Photo Release Permission Form**

For use by those 16 years or older:

I hereby give consent to Camp Wegesegum Inc. to photograph and/or record me through audio or video and to use this material in whole or in part through television, film, web page, multi-media presentation, radio, audiotape, videotape, display or in printed form for the promotion of Camp Wegesegum. I transfer any and all rights, including copyright, which I may have in this material to Camp Wegesegum.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For use by those under 16 years of age:

I hereby give consent to Camp Wegesegum Inc. to photograph and/or record my child through audio or video and to use this material in whole or in part through television, film, web page, multi-media presentation, radio, audiotape, videotape, display or in printed form for the promotion of Camp Wegesegum. I transfer any and all rights, including copyright, which my child or I may have in this material to Camp Wegesegum.

Child's Name: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_