



PHOTO CONSENT FOR CAMPER

Catholic Charities Camp I Am Special



2017

Camper Name: _____



DO NOT FAX THIS PHOTO CONSENT FORM! This form may be emailed or mailed to us. Please make sure photo is like that of an Identification badge (i.e. a close-up picture of the face, ensuring you are EASILY recognized.)

Date of Birth _____ Age at Camp _____

Address _____

Emergency Contact Name _____

Relationship to Camper _____

Emergency Contact Phone Number _____

My permission is granted to photograph and to use, publish and release for publication such photos relating to your programs. The name of my camper may be used in connection with the above, with the understanding that there will be no exploitation and that any photographs used will conform to standards of good taste. Photos will be used for Catholic Charities Camp I Am Special, Diocese of St. Augustine program websites, social media, media, and newsletter publications.

Parent/Guardian Full Name and Signature

Date

Catholic Charities Camp I Am Special * www.campiamspecial.com

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