



**Sanford Camps
Permission Slip for Photos**

Child's Name: _____ Last Name: _____

Gender: (M)____ (F) _____ DOB: _____ Age: _____ Grade in Sept 2017: _____

The Sanford Day Camp has my permission to use my or my child's photograph publically to promote the camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I understand the photo release policy as stated above. I give permission to use photographs/video of my child for the above reason.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____