



## PHOTOGRAPHS AND VIDEO WAIVER

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Participant's Name

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Session or Group Name

I authorize Camp Westminster to use photographs, slides, videotapes and/or audio recordings of my child for its records, web site, and/or public relations materials.

X \_\_\_\_\_  
Signature of Camper/Participant Date

X \_\_\_\_\_  
Signature of Parent/Guardian (*if participant is under 18*) Date