

Photo Release

Camp Name:	
Camper Name:	Date:

"I grant permission to Pisgah Astronomical Research Institute, its agents, and its employees the irrevocable and unrestricted right to produce photographs, video, and audio taken of my child, myself, and members of my family while at Pisgah Astronomical Research Institute for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release Pisgah Astronomical Research Institute and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials."

Parent/Legal Guardian (Printed):_____

Parent/Legal Guardian Signature:______ Date:_____ Date:_____