

Camp Araminta Medical & Photo Signature Notary Form

Camper Name (s): _____ Parent Name: _____

Cell Phone: _____

Alternate Phone: _____

PHOTOGRAPHY RESTRICTION:

Photos and videos of our campers & counselors will be taken to commemorate our time and activities during the week. Some photos may be used in future publications, advertisements for camp, slide shows at the end of the week, and for purchase by campers & parents. Please also note that names and/or contact information will **NEVER** be associated with your child in any publications.

If you **DO NOT** want us to use your child's photograph, then sign here:

Signed: _____

MEDICAL RELEASE:

I understand that every effort will be made to contact me if my child should need emergency treatment. In the event that I cannot be reached, I give my permission for the camp staff to seek and authorize medical care for my child.

Signed: _____

NOTARY SECTION:

State Of _____ County Of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____.

Notary Signature _____

NOTARY SEAL

- Personally Known OR
- Produced Identification

Type of Identification Produced:

