

**Circle Camp(s) Attending:**

Adventure / Jr. Junior

Junior

Tween

Teen Specialty

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**CAMP AU SABLE  
PHOTO RELEASE FORM**

I acknowledge that while my child, \_\_\_\_\_, is at Camp Au Sable, Grayling, Mich., he/she may be photographed by a still or video camera. I authorize Camp Au Sable to utilize my child's photographic image without identification in its brochures and advertisements in any media, including Camp Au Sable's website. In giving my consent, I hereby release and hold harmless Camp Au Sable and its agents from any and all responsibility or liability relating to the use of the photographs. I understand that neither my child nor I will receive compensation should any photograph authorized hereunder be used.

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Date

Signature of Parent/Legal Guardian

**CAMP AU SABLE  
CONSENT AND ASSUMPTION OF RISK**

I am applying for my camp attendee to engage in camp activities such as rock climbing, horseback riding, ropes courses, water skiing, canoeing, gymnastics, go-carts, and snowmobiles (hereafter collectively referred to as "activities"). I understand that such activities have inherent risks that include, but are not limited to, loss of control, collisions, obstacles, and other potential dangers that could result in personal injury.

I represent that my attendee has no health or physical problems that will interfere with camp activities. In consideration of being given the opportunity to participate, my attendee and I assume and accept all risks of injury and dangers involved in horseback riding and other activities. I agree that my camp attendee is responsible for his or her own abilities.

I do support, and applicant agrees, to abide by all camp regulations and policies. As parent or legal guardian of the camp attendee, or for myself if I am over 18 years of age, I release the Michigan Conference, the Camp Management, its employees and agents, from any and all liability for damages which might result from the camp attendee's participation in these activities.

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Print Rider Name

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Rider's Signature

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Date

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Signature of Parent or Legal Guardian  
(Please Circle One)

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Date