Photo Release Form

This release acknowledges Summer Sensations Camp will take pictures of your child during various activities at camp.

I,_____, give permission to Summer Sensations

Camp, LLC to take pictures of my child, _____

during camp activities. I understand these pictures will be used primarily for weekly camp journals but may also be used for marketing purposes for Summer Sensations, LLC.

_____ _____

Parent Name Camper

_____

Signature/Date

Please note, without a signed photo release, your camper will not be included in group pictures and your camper's weekly journal will not include photos of camp activities.