



PERMISSION SLIP

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact**

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Photo Release**

I, the undersigned, as parent or guardian of the youth named above, give permission to The **Delores Foundation, Inc.** and its **Discover Me** Summer Camp program to use, re-use, publish and re-publish photographic pictures and/or video images of the youth alone or in a group. I understand this may include posting the photographs and/or videos on The Delores Foundation's web site. Photos and/or videos may be included in printed and electronic materials related to The Delores Foundation's programs.

I hereby release The Delores Foundation from any liability, and any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have the right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

**Permission to Participate**

I give the youth, listed above, permission to participate in the **Discover Me** Summer Camp Program, on July 10<sup>th</sup>, 24<sup>th</sup> and August 14<sup>th</sup>, 28<sup>th</sup> 2014.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

