



1632 Ainsdale Drive  
 Roseville, CA 95747  
 www.camphopeca.com  
 info@camphopeca.com  
 916-772-1400

**AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND PUBLISH PHOTOGRAPHS**

The undersigned guardian of \_\_\_\_\_ (“**Camper**”) hereby authorizes Dan Hebert Camp Hope (“**DHCH**”) and its agents and employees to photograph, tape or record Camper during Camper’s participation in DHCH. The undersigned agrees that DHCH may use and permit other persons to use the negatives, prints, duplicates, tapes, compact discs, digital video recordings or similar materials (the “**Materials**”) for such purposes and in such manner as DHCH deems appropriate. The undersigned agrees that the Materials may be used for purposes including, but not limited to, dissemination to physicians, health professionals, students and members of the public and that such dissemination may be accomplished in any manner.

**The Materials will only be used to publicize DHCH and fundraise on behalf of DHCH. The undersigned consents to allow the use of the Materials to assist DHCH’s public relations and charitable goals and hereby waives any right to compensation of the undersigned or Camper with regard to such Materials.** The undersigned and his/her successors and assigns hereby release **DHCH** and its successors and assigns from and against any claim for injury, damages and all rights to compensation resulting from the activities authorized by this consent.

This consent and any disputes or claims arising out of or in connection with it shall be governed by and construed in accordance with the law of the State of California.

The term “**photograph**” shall mean motion picture or still photography in any format or medium, including video or disc, digital recording or any other means of recording and reproducing images.

**BY SIGNING BELOW**, the undersigned attests that (i) he/she has carefully **read and** fully understands the contents of this consent and (ii) signs the consent of his/her own free will.

**CAMPER:**  
 Signature: \_\_\_\_\_  
 Camper’s Name: \_\_\_\_\_  
 Relationship to Undersigned: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**GUARDIAN:**  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_

Additional emergency contact and phone:

\_\_\_\_\_

\_\_\_\_\_