

YOUTH ACADEMY PERMISSION TO PUBLISH

I, _____, hereby grant North Island College and its employees, agents and assigns, the right to use, edit, publish and/or display photographs, video, voice and text information of me and/ or my child in the promotional work of North Island College in all media.

I agree to hold North Island College and its employees, agents and assigns, harmless against any possible liability resulting from the use of photographs of me and/ my my child, and I hereby release and discharge North Island College and its employees, agents or assigns from any claims whatsoever in connection with the use of such photographs, video, voice and text.

I am signing this release freely and voluntarily and in executing this release do not rely on any inducements, promises, or representations made by North Island College or its employees, agents and assigns.

Please print.

Attendee First & Last Name _____

Camp Name _____

Camp Location _____

Attendee Mailing Address _____

Parent/Guardian Email _____

Telephone _____

Name of Parent/Guardian _____

Parent/Guardian Signature _____

Date Signed _____

**Please return this form at check in
on your first day of camp.**

For Internal Use Only:

Photo _____

Media Release _____

Publication _____

Project _____