



Atlantic Canada's Camp for Burn Injured Children

CAMPER PHOTOGRAPHY RELEASE FORM

I HEREBY GRANT PERMISSION FOR THE TAKING OF PICTURES AND/ OR THE RELEASE OF INFORMATION REGARDING:

Campers Name _____

Address: _____

City: _____ Province _____

Postal Code _____

Telephone Number: (_____) _____

The photograph(s) and / or general information may be used as needed in the administration of the **Cape Breton Firefighters Burn Care Society/Atlantic Burn Camp** and/or may be published in, or used by, any of the media (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of the **Cape Breton Firefighters Burn Care Society or Atlantic Burn Camp**.

Signature of Parent / Guardian _____

Date _____

