

Callabar Camp

PHOTO RELEASE FORM

I hereby grant permission to Callabar Swim & Tennis Club to use photographs and/or video of my child taken at Camp Callabar or at Camp-sponsored activities in publications, news releases, online, and in other communications related to the mission of Callabar Swim & Tennis Club.

(Signature of Adult, or Guardian of Children under age 18)

Child's Name _____

Address _____

Phone (day)_____(evening)_____

Email Address (optional) _____

Thank you!