



Photo Release Form

I, (print name) _____,
give Camp Shocco for the Deaf the permission for my child being photographed
for the camp. I understand that the photos may be published on the electronic
medias (DVD, video, internet) or other form of promotion or information. I release
Camp Shocco for the Deaf from liability for any violation of any personal or
proprietary right I may have in connection with such use.

Child's Name: _____

Guardian's Name (Print): _____

Signature for release: _____

Date: _____ Witness: _____

Received by: _____ Date: _____