

**TALBOT HOSPICE CHILDREN'S BEREAVEMENT CAMP 2019**

**Photo / Media Release Form**

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

I give permission to Talbot Hospice or others acting on their behalf to take photographs and/or video of my child(ren) and/or myself at the 2019 Children's Bereavement Camp to be used for publication and to promote the camp.

I authorize Talbot Hospice to use and publish the photographs and/or video in its public information and/or public relations programs, including broadcast, publication in newspapers or other periodicals, social media and placement in public locations.

I authorize Talbot Hospice to use the photographs and video for the purpose of creating a media/presentation for a closing ceremony for parents and campers at end of camp.

I hereby release Talbot Hospice and its affiliates, officers, agents and employees from any and all liability, injury or damage arising out of the photography/videography or out of the use or disclosure of the resulting images or information, including, without limitation, claims for breach of confidentiality, invasion of privacy, personal injury or property damage.

Parent/Guardian's Name: \_\_\_\_\_  
(Print)

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I do not give permission to Talbot Hospice or others acting on their behalf to take photographs and/or video of my child at the Children's Bereavement Camp to be used for publication or for any purpose stated above.

Parent/Guardian's Name: \_\_\_\_\_  
(PRINT)

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_