



Camp Subiaco

Photo Release Form

Camp Subiaco
405 North Subiaco Ave
Subiaco, AR 72865

Permission to Use or Take Photograph

Camper's Full Name _____
Please Print Name

Subject: Camp Subiaco

Location: Camp Subiaco, Subiaco, AR 72865

I grant to Camp Subiaco, its representatives, volunteers and employees the right to take photographs of my son in connection with the above-identified subject. I authorize Camp Subiaco, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Camp Subiaco may use such photographs of my son with or without his name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian Signature _____

Printed Parent/Guardian's name _____

Address _____

Date _____