



Permission to Release Form for Printing of Name, Story, Images  
Camp Kindle, Water Valley, AB / July 6-10, 2020

**THIS PERMISSION RELEASE FORM FOR PRINTING OF NAME, STORY, IMAGES**

("Release") is given from the undersigned to The Arthritis Society and its successors, effective as of the date signed below. As a condition to submission of an application for participation in Alberta Childhood Arthritis Camp at Camp Kindle (the "Camp"), the undersigned consents and agrees, on behalf of the undersigned and the minor child named below (the "Minor"), to be bound by the terms and conditions in this Release.

To the fullest extent permitted by law, the undersigned, on behalf of the Minor, and their respective heirs, personal representatives, estates, relatives, administrators, executors, successors and assigns, hereby permit The Arthritis Society to the free use of my name and/or that of the Minor, story, images, videos taken in the course of our participation in the Alberta Childhood Arthritis Camp at Camp Kindle, in any media, communications materials, website, and special promotions for as long as The Arthritis Society may consider appropriate.

BY SIGNING BELOW, THE UNDERSIGNED HEREBY CERTIFIES THAT THE UNDERSIGNED IS THE PARENT AND/OR LEGAL GUARDIAN OF THE MINOR, HAS CAREFULLY READ THIS RELEASE AND AGREES, ON BEHALF OF THE UNDERSIGNED AND THE MINOR, TO BE BOUND TO ITS TERMS.

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

Print Name: \_\_\_\_\_

Minor Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_