

Date _____

I _____, give my permission for

_____, my child, to attend the St. Peter's RAKAD Dance Camp from Monday, July 23 to Friday, July 27, 2018. I release St. Peter's Episcopal Church, its staff, volunteers, drivers and chaperones from liability in the event an accident should occur involving my child. I also, give my permission and consent for said church, staff, volunteers, drivers and chaperones to seek medical attention to treat my child in the event he/she is in need of medical attention.

<u>Full Name:</u>
<u>Address:</u>
<u>Phone #</u>
<u>Drivers License#</u>
<u>Insurance Carrier:</u>
<u>Policy#:</u>

Date: _____

(Parent Signature)

Subscribed and sworn to before me, A Notary Public for the State of Florida this _____ day of _____, 2018.

(Seal)

Date _____

I give permission for my child, _____, to be photographed and videotaped during Rakad Dance Camp activities. My child's image may appear **in print or online** promoting the camp's activities. I understand that my child's name will not be used to identify my child. This permission form will be kept on file with Rakad Dance Camp. If I would like to withdraw my permission, I may do so at anytime.

Parent/Guardian: _____ (printed)

Parent/Guardian: _____ (signature)

Date: _____