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Medical Form

Photo/Interview Consent

I, _____, consent to Valley Family Therapeutics & Learning Academy Summer Camp, its components, employees, agents and physicians to the taking of any photographic, audiovisual, and/or other media recordings or representations of my child and my child's involvement in camp activities and/or during camp hours.

I understand any of these materials prepared by a person selected by Valley Family Therapeutics & Learning Academy Summer Camp may be used publicly through media outlets (newspaper, television broadcast, radio broadcast), in publications (internal or external, including electronic or online), in scientific journals by its employees, agents, representatives, physicians, and for research/educational purposes.

I hereby waive any right that I may have to copyright, inspect, or approve the finished product that may be used, hereunder, or the specific use or context to which it may be applied.

I hereby release Valley Family Therapeutics & Learning Academy Summer Camp, its components, employees, agents and physician's from any liability connected with the taking of or use of these interviews or photographs.

Child/Camper's Name

Signature of Custodial Parent/Guardian

Date

Printed Name of Custodial Parent/Guardian

Relationship to Camper