
Camp Hope Photo Release
(Required for Attendance)

THE ARC OF ESSEX COUNTY

Photographs of campers may be taken and used for publicity purposes including but not limited to: publications in commercial periodicals; The Arc of Essex County newsletters and social media; The Arc of Essex County website; and various print, internet, and media publications of The Arc of Essex County.

Please check one:

- I give permission for my camper to appear in these pictures.
 I do not give permission for my camper to appear in these pictures.

Name of camper: _____

Signature of Parent/Guardian: _____ Date: _____

*Photo releases will remain in effect, unless The Arc of Essex County is notified in writing.

THE CANDLE LIGHTERS

Established in 1974, The Candle Lighters is a 501(c)3 organization dedicated to raising funds for The Arc of Essex County. Camp Hope is one of the organization's primary beneficiaries. To aid in these efforts, the organization may request the use of camp photos.

Photographs of campers may be taken and used for publicity purposes including but not limited to: publications in commercial periodicals; The Candle Lighters newsletters and social media; The Candle Lighters website; and various print, internet, and media publications of The Candle Lighters.

Please check one:

- I give permission for my camper to appear in these pictures.
 I do not give permission for my camper to appear in these pictures.

Name of camper: _____

Signature of Parent/Guardian: _____ Date: _____

*Photo releases will remain in effect, unless The Arc of Essex County is notified in writing.

(Over, please)

Camp Hope Liability Releases (Required for Attendance)

Note: Initials needed on each section and signature at the bottom

- A. Camp Hope and The Arc of Essex County reserve the right to release any camper from the camp program if, after a trial period, The Arc feels that it is not in his/her best interest to remain in the program.

_____ **Initials of parent or guardian.**

- B. **RELEASE:** I, _____, hereby release The Arc of Essex County, Camp Hope, and its employees of any responsibility or liability for any injury and/or illness derived from participation in the Camp Hope program. I acknowledge the conditions set forth above and agree with their contents in their entirety.

_____ **Initials of parent or guardian.**

- C. I, _____, hereby give permission for my camper to participate in any off site field trips which are part of the day camping program.

_____ **Initials of parent or guardian.**

- D. I, _____, hereby give The Arc of Essex County, Inc. ("The Arc"), Camp Hope ("Camp") administration, and the medical personnel selected by the Camp Director (or his/her designee) permission to order X-rays, routine medical tests, and medical treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child, the below identified camper.

I understand that the Camp will make reasonable attempts to communicate with me prior to medical treatment in non-life threatening and other non-emergency situations, but that in accordance with the preceding paragraph, medical examination and treatment will be performed without necessarily communicating with me first or in life threatening and other emergency situations, even without attempting such communication. I give consent for transportation to a medical facility (by ambulance or school vehicle) in the event of an emergency.

I understand that the permission I have given by signing this form is a material inducement to acceptance of my child as a camper. I also confirm that I have given the Camp and The Arc of Essex County a complete and accurate medical history of my child.

_____ **Initials of parent or guardian.**

Signature of Parent/Guardian

Date