

# UNIVERSITY OF WISCONSIN - STEVENS POINT

## PHOTO RELEASE FORM – CAMPS & CLINICS

I understand that the University may take photographs and/or videos of camp participants and activities. I agree that the University of Wisconsin-Stevens Point shall be the owner of and may use such photographs and/or videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

\_\_\_\_\_  
Participant Name - please print

\_\_\_\_\_  
Signature (Parent /guardian if under 18)

\_\_\_\_\_  
Date

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CAMP: \_\_\_\_\_