



2019 SUMMER FILM CAMP PARTICIPATION AND PUBLICITY WAIVER

Campers Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____ (Note that this must be an email checked regularly for communication purposes)

I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Camp Management. I voluntarily waive any claim against Gig Harbor Film Festival, Peninsula School District, Camp Personnel, or other person(s) caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of Gig Harbor Film Festival Summer Film Camp.

I give permission for Gig Harbor Film Festival to use any photo, video, or interview of my family taken at Camp to be used to illustrate, report, promote, and advertise Gig Harbor Film Festival's Summer Film Camp.

Does your camper have any food allergies? NO YES: _____

Signature: _____ Relationship to Camper: _____

Date: _____

Print name: _____