



KEEFE TECH SUMMER DISCOVER CAMP

750 Winter Street • Framingham, MA 01702

508-416-2211 • 508-620-8968 Fax

Email: summerdiscover@jpkeefehs.org

PHOTO/VIDEO RELEASE FORM

I/We, the undersigned father, mother or guardian, of _____, a minor, does hereby consent
(Please PRINT child's name legibly)
to **Summer Discover Camp at the Joseph P. Keefe Technical High School** (also the South Middlesex Regional Vocational Technical School District, a regional school district duly established by law and a body politic and corporate of 750 Winter Street, Framingham, Middlesex County, Massachusetts; the "District") to take photographs/video of my child in connection with Summer Discover Camp. I authorize Summer Discover Camp, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I/We also agree that the Summer Discover Camp may use such photographs/video of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I/We have read and understand the above:

Signed:

Parent(s)/Guardian(s)

Date

Student/Participant

Date

Summer Discover Director

Date

PLEASE RETURN THIS PAGE WITH CAMP APPLICATION