



## Medical and Photography Release Form

My child, \_\_\_\_\_, has no physical conditions which will keep him/her from participating in the full range of activities being planned. I authorize the sponsors of this camp to act for me according to their best judgment in any emergency requiring medical attention. I agree that Columbia International University may use my child's image for purposes of institutional promotion.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Printed Name