

2013 Release Form

Student Name: _____

Parent Name: _____ Parent phone #: _____

Additional/Secondary Emergency Person:

Name/Relationship: _____ phone#: _____

Medical Release

We promise to do our best to be safe. We expect our students to do the same.
Are there any medical/allergy situations we should be aware of?

No Yes. Please explain:

If any unexpected medical situations do arise, we will call the phone #'s at the top.

Talent Release Form

We give permission and even encourage Jason Chollar/NewSoundWorship/
Cedarhome/ShowAndTell ministries to use the video, pictures, audio, likeness, images,
songs, creative projects, ... from camp to promote future camps and activities.

Yes No. Please explain:

Signature: _____ Date: _____