



Minor Release Form

For Staff Age 17 and Under

I, the Parent/Guardian of _____
Name of Staff Member

Do hereby:

- authorize Camp of the Rising Son to use, distribute and publish any and all photographs, video and/or sound recordings of my child;
- authorize the staff of Camp of the Rising Son to provide and/or seek medical treatment for my child while in their care as they deem necessary;
- authorize my child to leave camp under their own supervision during their scheduled off times in the following manners:
 - Yes / No My child may drive him/herself.
 - Yes / No My child is allowed to have others ride with him/her.
 - Yes / No My child may ride in a car driven by another person.

List any exceptions: _____

Signature of Parent/ Guardian: _____

Printed name: _____

Home Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Date: _____

I understand the authorizations and exceptions listed above and agree to abide by them. I understand that failure to comply with these may result in termination of my employment. **Furthermore, I understand that I will be asked to keep my cell phone in the camp office and I must check out before leaving camp at any time.** Any other provision hereof to the contrary notwithstanding; I understand and agree that my employment will be at will and may be terminated at any time by me or my employer, with or without cause.

Signature of Staff Member: _____

Printed name: _____

Birth Date: _____ Age: _____

Home Address: _____

Preferred Phone Numbers (at least two): _____

Date: _____