



STAFF PHOTO RELEASE FORM

I, _____

Hereby grant C-A-M-P permission to photograph, film, tape, or record me as a staff participant of C-A-M-P 2010.

I understand that C-A-M-P may choose to photograph, film, tape, or record me for publicity or documentation and that by signing the Photo Release Form, I give permission and waive all copyright and future considerations

(Signature of Staff)

(date)