



2021 SUMMER CAMPS  
Health Form and Photo Release

To be completed by the parent/guardian and returned prior to the start of camp.

Mail to: Maymont Education Team, 1000 Westover Road, Richmond, VA 23220 or Email to: [environedu@maymont.org](mailto:environedu@maymont.org)

Camp Name(s) \_\_\_\_\_

Camp Start date(s) \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Prefer Not to Answer \_\_\_

Nickname (if applicable) \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Emergency Contact Relation and Phone # \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Allergies (with medication, if applicable) \_\_\_\_\_

Special Health Conditions or Needs (Use back if needed) \_\_\_\_\_

Person(s) authorized to pick up child after camp (other than parent): \_\_\_\_\_

### Photo Release

For good and valuable consideration, I hereby irrevocably grant to Maymont Foundation the unrestricted right to use my likeness or the likeness of the minor named above in photograph(s) taken during camp activities, and to distribute such photograph(s) for editorial, trade, advertising or other purposes in any manner or medium, whether now or hereafter devised, throughout the world in perpetuity. I waive any right to inspect or approve any use of the photograph(s). I understand Maymont Foundation may contract with a stock agency and that the above described photograph(s) may be included in stock files. I expressly release Maymont Foundation, its agents, employees, licensees and assigns from and against any and all claims which I have or may have for invasion of privacy or any other cause of action arising out of the uses herein granted.

\_\_\_\_\_ I give permission for photographs containing the likeness of the minor named above to be used in any of Maymont's editorial, trade, advertising or other purposes in any manner or medium.

\_\_\_\_\_ I **do not** give permission for photographs containing the likeness of the minor named above to be used in any of Maymont's editorial, trade, advertising or other purposes in any manner or medium.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_