



100 State Street, Suite 352, Montpelier, VT 05602
(802) 461-9701 | trista@pear-vt.org | www.campdaybreak.org

I _____, give permission for Camp Daybreak and
The Vermont Association for Mental Health and Addiction Recovery to record

_____’s likeness, including his/her image and voice. I
consent to video and audio recordings being made of him/her as well as digital images being
taken of him/her during and around the 2019 session of Camp Daybreak.

I agree that Camp Daybreak and The Vermont Association for Mental Health and Addiction
Recovery have permission to use these recordings as they see fit in promotional and
educational materials.

Additionally, I understand that Camp Daybreak may be visited by the media during the course
of the camp session and give permission for these recordings to be used as they see fit.

Although I understand I can revoke this permission as long as I do it in writing, I realize that any
such revocation would be prospective and would not apply to any recordings already in use.

I **DO NOT** give permission for Camp Daybreak to use recordings or images of the
individual listed above.

Signature: _____

Date: _____