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I, _____, give permission for Camp Daybreak and The Vermont Association for Mental Health and Addiction Recovery to record my likeness, including my image and voice. I consent to video and audio recordings being made of me as well as digital images being taken of me 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.

Although I understand I can revoke my 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.

Participant Signature: _____

Date: _____

For Parents/Guardians of Participant of Minor Age (Under Age 18):

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Date: _____