

## ACTIVITIES PARTICIPATION AND PICKUP AUTHORIZATION

Camper's Name \_\_\_\_\_

**Please read each section carefully and sign and date at the end of each section in the appropriate space.**

PHOTOGRAPHY RELEASE; I do hereby authorize Quail Unlimited to use and reproduce photograph, film and videotape of my child and to circulate the same for advertising and publicity purposes of all kinds.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

CAMP ACTIVITIES PERMISSION; I do hereby acknowledge that I am aware that my child will be camping, hiking, swimming and using various weapons. I do hereby give my permission for him/her to take part in these and all other camp activities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

PICK-UP AUTHORIZATION; I do hereby authorize the following person(s) to pick up my child from the Quail Unlimited Youth Quail Camp at Ames Plantation.

1. \_\_\_\_\_

Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

2. \_\_\_\_\_

Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

If there are any changes to these authorizations, advance written notice will be given. Please list any special considerations or persons who are **NEVER** authorized to pick up your child.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date