



**29th Spring Camp Cheerio**  
**For Children Who Are Deaf and**  
**Hard of Hearing**  
**and their Families**  
**May 17 thru 19, 2013**  
**YMCA Camp Cheerio - Roaring Gap, NC**

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**ALL ATTENDEES/FAMILIES NEED TO COMPLETE THIS FORM**

**PHOTO/VIDEO RELEASE FORM**

I/we hereby grant permission to the North Carolina Chapter of Alexander Graham Bell Association for the Deaf (NC AG Bell), the National Cued Speech Association (NCSA), the North Carolina Chapter of Cued Speech Association (NCCSA), the Carolina Children's Communicative Disorders Program (CCCDP), and YMCA Camp Cheerio the unlimited right to use, authorize the use of, and/or reproduce photographs, videos/DVDs, likenesses, the voice of myself/ourselves, my/our child/children, my/our/his/her/their name and biographical information in any legal manner at any time throughout the world for the internal or external promotional/activities (such as publications, periodicals, brochures, booklets, displays, film segments, video streams, etc.) of the above-mentioned entities.

I/we agree to hold YMCA Camp Cheerio, NC AG Bell, NCSA, NCCSA, and CCCDP harmless against any liability, loss or damage resulting from the use of my/our and my/our child's/children's image and/or voice. I/we further understand that by signing this release, I/we waive any and all present or future compensation rights to the use of the above-stated materials. I/we are signing this release freely and voluntarily.

**PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT FOR THE SIGNATURE**

I/we give permission for my/our child/children: (please list & separate with comma)

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to be filmed/photographed/recorded during the 2013 Spring Camp Cheerio on May 17<sup>th</sup> thru 19<sup>th</sup>, 2013 at Camp Cheerio in Roaring Gap, NC.

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

Parent(s)/Guardian(s) **Signature:** \_\_\_\_\_

Street Address of Parent(s)/Guardian(s): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_