

# **Photo/Video Release Consent Form      -      for Youth Fishing Camp**

**Session Dates: 5/20 to 5/22- 4:30-6:00**

**5/27 to 5/28- 4:30-6:00**

**Camper's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**I, the parent or legal guardian of the above-named child, hereby:**

☐ **GRANT permission to Joseph Kessler to photograph and/or record video of my child during camp activities. I understand that these images may be used in Joseph's Eagle Legacy Project.**

☐ **DO NOT GRANT permission to photograph or video my child during camp activities.**

**I understand that my child's name will not be published or identified in any photos or videos without additional written consent.**

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Email (optional):** \_\_\_\_\_

**If you have any questions or concerns, please contact Joseph Kessler, details provided below.**

**Thank you for helping me with my Eagle Legacy Project!**

**Sincerely,**

**Joseph Kessler**

**Youth Fishing Camp**

**Phone #: 207-837-3345 (Preferred)**

**Email: [joeessler11yt@gmail.com](mailto:joeessler11yt@gmail.com)**