

Naturist Society Youth Camp Photography Policy and Agreement

Policy

Consent of minors (under 18) and their parents will be obtained in writing before any photography, amateur or professional, takes place. Parents and minors may request to review all images taken; all rejected images will be destroyed. The Camp Director and/or minor's parent will be present and approve of all photos taken. All photos will adhere to the non-exploitive, non-sexualizing standards of Naturist realism and respect. Photos will be used exclusively for Naturist Society Youth Camp informational purposes and for souvenirs for campers.

Agreement (optional)

I understand the Naturist Society Youth Camp Photography Policy and give permission for my child to be photographed by authorized Camp Photographers in accordance with the policy.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____ Date _____

I agree to be photographed during the Naturist Society Youth Camp.

Minor's Name (please print) _____

Minor's Signature _____ Date _____

Release Forms

CAMPER'S NAME _____

Permission to treat:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Parent or Guardian's Signature _____ Date _____

Permission to administer medications:

___ This person takes NO medications on a routine basis.

___ This person takes medications as listed below. Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep prescription drugs in the original packaging/bottle that identifies the prescribing physician, the name of the medications, the dosage, and the frequency of administration. Non-prescription drugs must also be in the original containers with the camper's name, name of medication and dosage. Attach additional pages for more medications.

Medication Name (prescribed or over the counter)	Reason for Administration	Dosage	When to be Administered
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I give permission for the medications as listed to be administered to my child as directed.

Parent or Guardian's Signature _____ Date _____

Permission to participate:

My child has permission to participate in all activities offered during the regular camping day. These activities include but are not limited to car transportation to and from camp, swimming, hiking, outdoor cooking and sports.

Parent or Guardian's Signature _____ Date _____