



Christmount

222 Fern Way, Black Mountain, NC 28711
info@christmount.org • (828) 669-8977 • Fax (828) 669-6301

Camp Lakey Gap Photo Permission Form

Camper Name: _____

The staff of Camp Lakey Gap takes pictures of campers for the following reasons:

- **Safety** procedures such as a photo checklist for staff members who administer medications.
- **Memories** like a staff sideshow or camper craft activities.
- **Publications** such as brochures or the website.

Consider allowing Camp Lakey Gap to use your camper's photograph for some or all of the following reasons. Please read each choice carefully.
If you give us permission to use their picture for all three reasons just check the first item below.

I give permission for my camper to be photographed or filmed at Camp Lakey Gap for the following:

- All of the following uses (*check here and you do not need to check the rest*)
- For safety purposes
- For staff to use in camp memorabilia (*photos become property of the staff who will sign privacy agreements*)
- For Camp Lakey Gap and Christmount staff to create brochures and other materials (*will be shown in public*)
- Newspapers, television stations, radio stations, and other materials to help educate the public about autism and to publicize Camp Lakey Gap

Parent's or Guardian's Signature

Date



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Camp Lakey Gap Camper Consent Form

Camper Name _____

I give permission of the above named minor to participate in the camping activities held at Camp Lakey Gap located at Christmount. I have read the description of the camp activities on the website and understand that my camper will be participating in activities such as swimming, hiking, group games, creek games, and golf cart rides. The camper is physically able to participate in all camp activities.

I give permission for my camper to be transported by bus to Camp Rockmont once during the week. Once at Camp Rockmont I give permission for my camper to participate in canoeing and swimming in their lake facilities.

I give permission to the camp to provide routine health care, administer prescribed medications as stated on the Camper Medical Form, and seek emergency medical treatment if necessary. I give permission to the camp to provide necessary related transportation for my camper. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to administer treatment, including hospitalization to my camper.

I knowingly assume all risks inherent to the activities of the camp program. I will not hold Christmount liable for any injuries incurred during the program.

Signature of parent/guardian

Date ____ / ____ / ____