



## Photo Release Form

I, (Name of Authorized Guardian) \_\_\_\_\_ ,

GRANT PERMISSION TO CFN TO USE PHOTOGRAPHS OF THE PERSONS LISTED BELOW. I UNDERSTAND THESE PHOTOS MAY APPEAR IN CFN'S NEWSLETTER, WEBSITE, BROCHURES, AND/OR OTHER PROMOTIONAL MATERIAL.

IMPORTANT: PLEASE PRINT CLEARLY THE NAME OF EACH FAMILY MEMBER ATTENDING CAMP THAT WE MAY PHOTOGRAPH:

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PLEASE DO NOT USE ANY PHOTOGRAPHS OF ANY MEMBER OF THE \_\_\_\_\_ FAMILY.

CFN PROGRAM ATTENDING: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_