PHOTO RELEASE FORM

I authorize Vikes Camps run by the University of Victoria to video or photograph my child. The University of Victoria may use and re-use all or parts of the video or photograph. The University of Victoria shall own all right, title and interest in and to the video or photograph including the recordings, to be used and re-used and disposed of without limitation in any media or form of distribution as the University of Victoria may solely determine.

Signature: ________________________________ Date: __________________________

(Parent/Guardian Signature)

Name of Child: __________________________

Name of Camp Child is Attending: __________________________