



Camp Hawkeye

Photo Release Agreement

I hereby grant to Camp Hawkeye, LLC, and its representatives, employees, agents, and assigns, the irrevocable and unrestricted right to use, reproduce, and publish photographs of me, including my image and likeness as depicted therein, for editorial, trade, advertising, or any other purpose or manner and medium; to alter the same without restriction; and to copyright the same. I hereby release Camp Hawkeye, LLC, and its owners, directors, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability relating to its use of said photographs.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date below.

Camper Information

Participant's Full Name _____ (Please Print)	DOB: _____
Address _____	
City _____	State _____ Zip Code _____
Postal Code _____	Country _____

Parent/Guardian Signature

Signature of Parent/Guardian: _____	Date: _____
Parent/Guardian's Name: _____ (Please Print)	

www.camphawkeye.com

Winter Address: 6 Hammer Street • Waltham, MA 02453 • Phone: (617) 960-6740 • Fax: (781) 899-5580
Summer Address: 234 Red Hill Road • Moultonborough, NH 03254 • Phone: (603) 763-2137 • Fax: (603) 763-2137



Camp Hawkeye

Parent/Guardian Authorization for Camper Release/Departure From Camp Property

During the summer camp season, Camp Hawkeye requires that in the event that a camper must leave the camp property with someone other than the parent/guardian, we must have an advance written notice from the parent or guardian.

Please complete information below for the camper. Answer all questions and sign as authorization.

Camper's Full Name _____ Number of Years attending Hawkeye _____

Male Female Present School Grade _____ Date of Birth ____/____/____
Month Day Year

Date/Time of Departure _____ Date/Time of Return _____

The following individuals are authorized to pick up my child.

1) Contact's Full Name _____ Relationship to Camper _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Contact's E-Mail _____

2) Contact's Full Name _____ Relationship to Camper _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Contact's E-Mail _____

3) Contact's Full Name _____ Relationship to Camper _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Contact's E-Mail _____

*** Positive ID will be required for the individual authorized to pick up and transport camper.**

Parent /Guardian Signature _____ Date _____

Parent's Name (Please Print) _____

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