

Georgia Highlands College Youth Program

PERMISSION FORM

Student's Name (Please Print) _____ has my permission to take part in a Georgia Highlands College Youth Camp.

I hereby release, absolve and discharge Georgia Highlands College, and their representatives, employees and agents (hereinafter "Camp leaders") from any claim arising from my child's participation in a GHC Youth Camp.

In the event of an emergency, I acknowledge that the "Camp leaders" will attempt to reach me at the contact information below to obtain my consent to medical treatment, if necessary.

However, by operation of this permission document, I authorize "Camp leaders" to obtain expedient and proper treatment to assure the health and well-being of my child. If I am unable to be reached or if the situation deems necessary, 911 Emergency will be called.

I acknowledge and agree that I will be responsible for any medical expenses, which may be incurred as a result of an accident or injury during the activities of any GHC Youth Camp, beyond routine first aid expenses.

Students are responsible for their own electronic devices. I understand that the "Camp leaders" are not responsible for any loss or damage to a participating student's possessions or property during camp activities.

I also acknowledge that I have been informed that the Georgia Highlands College (GHC) Youth Camp program is not a licensed child care facility. I also understand that the GHC Youth Camp is not required to be licensed by the State of Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent/Guardian Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____



**Georgia Highlands College
MARCOM Office**

TALENT RELEASE FORM

I, the undersigned, hereby assign all rights to photographs, video and/or audio taken of the minor child under the age of 18 described below to Georgia Highlands College and its designees. I understand the photos and/or video may (or may not) be used for advertising and publicity purposes or any other use Georgia Highlands College intends, which may include but not be limited to billboards, print and broadcast advertisements, academic/admissions/marketing publications or other publicity for advertising purposes whether to internal or external audiences. I further agree that Georgia Highlands College and its designees may use all or any part of said minor's likeness and that during the editing process his/her likeness may be altered for content purposes.

I understand that there will not be any compensation for use of the photos/videos or time spent while taking the photos/videos. I also acknowledge that there will be no notice given to me as to when or how Georgia Highlands College or its designees may use the photos/videos.

I agree not to make any claims against the College as a result of the recording or use of the video and/ or likeness of said minor listed below.

I waive any right to inspect and/or approve the finished product.

I warrant that I am at least 18 years of age and the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

By signing below, I acknowledge that I have read and understand the terms of this release form and I agree to all terms and conditions stated.

Printed Name of Minor: _____

Age of Minor: _____ Address of Minor: _____

Signature of Parent or Guardian: _____

Printed Name: _____

Address: _____

Phone Number: _____

Email: _____ Date: _____