Children’s Swim Program
Photo/Video Release

Agreement by the subject to confer rights to use video(s) by the HSES Department, University of Kansas

I hereby give my consent for my son or daughter to be photographed or video graphed during the Children’s Swim Program, in the HSES Department, University of Kansas to be used as an instructional video to train instructors for the Children’s Swim Program and promotional content.

____________________________
Name (please print)

____________________________
Signature

____________________________
Age

____________________________
Camp Location (Lawrence or Edwards)

If the subject is a minor (younger than 18 years), please complete the following:

____________________________
Name of parent or guardian (please print)

____________________________
Parent’s or guardian’s signature

Children’s Swim Program, HSES Dept., 1301 Sunnyside Avenue, Lawrence, KS 66045