

TOTAL THEATRE



CAMP STANLEY

for the performing arts

*I give permission and consent for _____ to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by **Camp Stanley for the Performing Arts, Inc.** to illustrate and promote the camp experience, **Camp Stanley for the Performing Arts, Inc.** and its camp programs, or the American Camp Association.*

Signed (parent or guardian)_____