Camp Living Waters 2026

IMAGE RELEASE FORM

Permission to Use Images, Sound and Video

I hereby grant permission for Camp Living Waters and St. Alban's Episcopal Church to record sounds, images or video of my child, _____during the event known as Camp Living Waters 2026.

I also give permission for Camp Living Waters, St. Alban's Episcopal Church and/or The Episcopal Diocese of Northern California, of which it is a member congregation, to use these images in church and/or diocesan publications, marketing and promotional material, and on respective websites, along with corresponding information.

It is understood that no use of my child's photo will be identified therein by Camp Living Waters, St. Alban's Episcopal Church or The Episcopal Diocese of Northern California; photos used in the above mentioned means of communication will NOT include my child's address or phone number.

_____[Please check to select]
I AM AUTHORIZING use of my child's name in captions as they relate to Church and/or diocesan communication listed above.

_____[Please check to select]
I AM NOT AUTHORIZING use of my child's name in captions as they relate to Church and/or diocesan communication listed above.

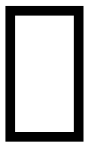
I have read and understand the terms of this agreement.

Parent/Guardian Signature

Date

Parent/Guardian Name in Full (please print)

Next page/Over for Permission Form (Required)



Camp Living Waters 2026

Permission Form and Liability Waiver

Camp Living Waters July 26th-31th 2026

I, _____, the parent of _____, give permission for my child to attend the Camp Living Waters July 26th-31th 2026.
I understand that personal injury can and may occur to my child, and I hereby authorize Camp Staff to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Camp Living Waters and St. Alban's Episcopal Church, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is any additional information, beyond that already provided in the registration form (insurance information, restrictions, allergy and medication information), necessary for my child to receive appropriate medical care.

_____

_____

I give permission for my child to ride in any vehicle designated by Camp Living Waters, its employees and adult volunteers, while participating in and traveling to this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of St. Alban's Episcopal Church or Camp Living Waters, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

(Parent Signature)

_____

(Emergency Contact Name and Phone Number for the Time of the Event)

Contact: _____ Phone: _____

Please submit this form with your application **as it will be required for participation.** Alternatively, mail to St. Alban's Episcopal Church 1675 Chester Avenue Arcata, California 95521 Telephone: (707) 822-4102 Fax: (707) 822-4182