JOEL ONAIS PHOTOGRAPHY

Kids Photography Camp

Parental Consent, Photo Release & Emergency Authorization Form

Studio: 1725 City Center Blvd, Suite C, Elizabeth City, NC 27909 **Email:** info@joelonaisphoto.com **One form per child**

CAMP DATES To be announced - dates will be added here once they are set.

Complete, initial, and sign before your child's first day. Your child cannot participate, be photographed, or be released to anyone other than a parent/guardian until a completed form is on file. Print clearly and update us in writing if anything changes.

SESSION / DATES ATTENDING

HOW DID YOU HEAR ABOUT CAMP?

1 CHILD INFORMATION

CHILD'S FULL LEGAL NAME

PREFERRED NAME / NICKNAME

DATE OF BIRTH / AGE

GRADE / SCHOOL

T-SHIRT SIZE (CIRCLE) YS YM YL AS AM AL

HOME ADDRESS (STREET, CITY, STATE, ZIP)

2 PARENT / LEGAL GUARDIAN INFORMATION

PARENT / GUARDIAN 1 - FULL NAME

RELATIONSHIP TO CHILD

CELL PHONE

EMAIL ADDRESS

PARENT / GUARDIAN 2 - FULL NAME

RELATIONSHIP TO CHILD

CELL PHONE

EMAIL ADDRESS

Custody note: If a court order limits pickup or decisions for your child, attach a copy and describe it here:

3 EMERGENCY CONTACTS & AUTHORIZED PICKUP

If we cannot reach a parent/guardian, we will contact the people below in order. They are also authorized for pickup unless you write otherwise. Photo ID may be required; your child will not be released to anyone not listed.

CONTACT 1 - NAME

RELATIONSHIP

CELL PHONE

PICKUP? Y / N

CONTACT 2 - NAME

RELATIONSHIP

CELL PHONE

PICKUP? Y / N

OTHER PEOPLE AUTHORIZED TO PICK UP (FULL NAMES)

PEOPLE NOT AUTHORIZED TO PICK UP (FULL NAMES, IF ANY)

4 MEDICAL INFORMATION

Kept confidential; shared only with camp staff and medical providers who need it to care for your child.

☐ **No known allergies, medical conditions, or medications** - check here and continue to Section 5.

ALLERGIES - FOOD, MEDICATION, ENVIRONMENTAL, STINGS, LATEX, SUNSCREEN, OTHER (ALLERGEN + REACTION)

EPIPEN OR INHALER? WHICH ONE?

WHERE WILL IT BE KEPT DURING CAMP?

MEDICAL CONDITIONS, PHYSICAL LIMITS, OR RECENT ILLNESS / INJURY / SURGERY

CURRENT MEDICATIONS (NAME, DOSE, TIME) - NOTE ANY GIVEN DURING CAMP

BEHAVIORAL, LEARNING, SENSORY, OR SUPPORT NEEDS

DOCTOR - NAME / PHONE

DENTIST - NAME / PHONE

PREFERRED HOSPITAL

HEALTH INSURANCE PROVIDER

POLICY / MEMBER NUMBER

CAMP LOCATION (IF DIFFERENT FROM STUDIO)

☐ I authorize staff to apply sunscreen / insect repellent I provide, labeled with my child's name.

☐ I authorize: bandages / first-aid ointment | ice pack | other: _____

Staff do **not** give prescription medication unless a separate medication authorization is completed and the medication is in its original labeled container.

5 EMERGENCY MEDICAL AUTHORIZATION

I authorize Joel Onais Photography, its owners, staff, and volunteers to: give basic first aid; **call 911 and request EMS** if my child needs urgent care; release my child to EMS for ambulance transport to the nearest appropriate hospital (or the preferred hospital above, if feasible); share this form's medical information with first responders and treating providers; and authorize emergency medical, dental, surgical, and hospital treatment recommended by the treating provider if I cannot be reached in time.

Staff will try to contact a parent/guardian and emergency contacts as soon as reasonably possible. **I am financially responsible for all emergency transport and medical care costs** not covered by my insurance. Joel Onais Photography does not carry medical insurance for campers.

Parent/Guardian initials for Section 5: _____ Date: _____

6 PHOTOGRAPHY, VIDEO & PROMOTIONAL RELEASE

Camp will be photographed and may be video-recorded. **Check ONE box:**

☐ **FULL RELEASE:** I give permission to photograph, film, and record my child during camp and to use those images and recordings - including image, likeness, and voice - for promotion and business purposes without compensation, including websites, social media (Instagram, Facebook, TikTok), print, ads, portfolios, displays, press, and educational materials. Images may be edited or combined and used indefinitely unless I revoke this release in writing for future use.

☐ **LIMITED RELEASE:** My child may be photographed for camp records, group photos shared with camp families, and my own gallery / prints, but **not** for public promotion, social media, or advertising.

☐ **NO PHOTOS:** Do not photograph or film my child individually. I understand my child may appear incidentally in wide group shots that cannot reasonably be avoided.

Copyright in all camp photos and recordings belongs to Joel Onais Photography. No payment is due for promotional use under the Full Release. Names will not be published with a child's photo unless a parent/guardian agrees separately in writing.

Parent/Guardian initials for Section 6: _____ Date: _____

7 PARTICIPATION, ACTIVITIES & PERSONAL PROPERTY

I give permission for my child to participate in all camp activities, including indoor and outdoor photography instruction, supervised use of cameras, lighting, tripods and other equipment, walking to nearby photo locations with staff, group games, and snack / meal breaks.

- **Equipment & property:** Families are responsible for willful or negligent damage by their child to camp equipment beyond normal wear. Label belongings; Joel Onais Photography is not responsible for lost, stolen, or damaged personal items or electronics from home.
- **Food:** List all food allergies in Section 4. Snacks are not guaranteed allergen-free; parents may send labeled food from home.
- **Behavior & pickup:** Campers must follow staff directions and treat others and equipment with respect. Unsafe or disruptive behavior may result in removal from an activity or camp without a refund, after notice to a parent/guardian. An authorized person must sign my child in and out each day and arrive on time; late pickup fees, if any, follow the registration terms.

8 ASSUMPTION OF RISK, RELEASE & INDEMNIFICATION

I understand photography camp involves inherent risks that cannot be eliminated even with careful supervision, including slips, trips and falls; outdoor conditions and weather; insect bites and allergic reactions; use of photography equipment; physical activity; and transportation by emergency services when needed. I voluntarily assume those risks for my child.

To the fullest extent permitted by North Carolina law, I, for myself, my child, and our heirs and representatives, **release, waive, and agree not to sue** Joel Onais Photography, its owner, employees, contractors, and volunteers from claims, damages, or liability arising from my child's participation or from the authorized use of my child's image under Section 6 - **except** for claims caused by gross negligence or willful misconduct. I agree to **indemnify and hold harmless** those parties from claims brought by or on behalf of my child, or by others, arising from my child's participation or from inaccurate information I provided. This section does not waive any right that cannot be waived under North Carolina law.

Parent/Guardian initials for Section 8: _____ Date: _____

9 PARENT AGREEMENTS & SIGNATURE

- ☐ All information on this form is true and complete. I will update it in writing if anything changes.
- ☐ I will keep my phone reachable during camp hours and respond promptly if staff contact me.
- ☐ I have read and agree to Sections 1-8, including the emergency authorization (Section 5), the photo release choice I marked (Section 6), and the release in Section 8.
- ☐ I am the child's parent or legal guardian with legal authority to sign this form.

PARENT / LEGAL GUARDIAN SIGNATURE _____ **DATE SIGNED** _____

PRINTED NAME _____ **RELATIONSHIP TO CHILD** _____

CHILD'S FULL NAME (PRINT) _____ **BEST PHONE ON CAMP DAYS** _____

FOR OFFICE USE ONLY

RECEIVED BY _____ **DATE RECEIVED** _____ **PHOTO RELEASE** _____ **ALLERGIES FLAGGED? Y / N** _____

Staff notes: _____

Return the signed original to Joel Onais Photography and keep a copy. Questions: info@joelonaisphoto.com - 1725 City Center Blvd, Suite C, Elizabeth City, NC 27909. This form does not replace legal advice; have it reviewed by a North Carolina attorney before use, especially Section 8.

STAFF EMERGENCY QUICK REFERENCE - DETACH AND KEEP WITH CAMP ROSTER

CHILD'S NAME _____ **ALLERGIES / EPIPEN / INHALER** _____ **PHOTO RELEASE: FULL / LIMITED / NONE** _____

PARENT 1 - NAME / CELL _____ **PARENT 2 - NAME / CELL** _____ **EMERGENCY CONTACT - NAME / CELL** _____

In an emergency: give first aid, call 911, then call the parent/guardian. Send this sheet with EMS if the child is transported.