

SUMMERFEST CAMP PROGRAM

WAIVER FORM

Epilepsy Ontario guarantees that the personal information provided to our organization about the camper will not be distributed to any third party members. This information will be used by the staff members at Camp Couchiching and SickKids Hospital and will be processed by staff members from Epilepsy Ontario.

In the event that a photograph of the camper is taken while at camp, it may be used by either Camp Couchiching or Epilepsy Ontario for promotional and fundraising purposes, through either print or electronic means. Therefore, we require your consent to take your child's photo. Please complete the form below to indicate your consent.

- I agree that photos of my son/daughter may be taken

- I do not agree that photos of my son/daughter may be taken

- I would like to receive Epilepsy Ontario's free e-news to be kept informed about issues related to epilepsy

Name of camper: _____

Name of Parent(s)/Guardian email address

Signature of Parent(s)/Guardian Date