



UNIVERSITY OF SASKATCHEWAN

College of Kinesiology

KINESIOLOGY.USASK.CA

MEDIA RELEASE FORM

Dear Parent/Guardian:

The organizers of the College of Kinesiology's Recreation Services Programs may be videotaping or taking photographs of the children participating in the activities during the program sessions. This documentation may be used in future brochures, our website or posters, and may be used in Kinesiology classes or shown to sponsors of the programs.

To ensure your privacy we would like your permission to include your child in these photographs. Please complete this form and return it to us at your earliest convenience.

Sincerely,

Recreation Services
College of Kinesiology

I, the parent/guardian of _____ agree to give permission for photographs of my child to be used in the camp photo and future promotional or informational packages put together by the College of Kinesiology's Recreation Services.

I, the parent/guardian of _____ agree to give permission for photographs of my child to be used only in the camp photo (to be used for a certificate/memento to take home on the last day of camp).

Parent/Guardian Signature

Date