



Computer Science Camp Release Form

Date: _____

Name of camper (print): _____

Name of parent/guardian (print): _____

Photograph Release

I hereby authorize the Department of Computer Science at the University of North Dakota to use photographs from the cScibot Lego Robotic Camp that include the camper identified above. These photographs may be used for promotional materials or posted on the website, and will not include the child's last name.

PLEASE INITIAL YES _____ THEIR PICTURE MAY BE USED

NO _____ I DO NOT WANT THEIR PICTURE USED

Medical Information

Please list any medical information about the camper (i.e.; food allergies, special needs, chronic or acute health problem(s)) of which the University of North Dakota should be aware.

Name of Person(s) (Other Than Parent/Guardian) Who Is Authorized to Pick Up Camper (if any):

Parent's or Guardian's signature: _____ **Date:** _____