



# *Jenna's Dream*

A 501 (c)(3) Tax-Exempt Charitable Organization  
Benefiting Children through the Performing Arts

## JENNA'S DREAM SUMMER ARTS CAMP Release Form

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

**Photo/Website/Advertising Release:** I hereby give permission for my child's likeness and/or name to be used and posted on the Jenna's Dream website and/or used in Jenna's Dream advertising promotions, including still and moving photographs, films, video, television and print media.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Release Statement:** I hereby release Jenna's Dream, it's officers and board members from all claims of liability for any damage or injuries which may be sustained while my child is in camp.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*Please return this form with your completed application to:  
Jenna's Dream, P.O. Box 1387, Yorktown Heights, NY 10598*