



## Photo Release Form for Parents and Students

The New York City Residents Alliance (RANYC) has my permission to use my or my child's photograph publically to promote RANYC. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# New York City Residents Alliance Youth4AM Free SHSAT and Public Speaking Summer Camp



## Emergency Contact information Form

**This information will be extremely important in the event of an accident or medical emergency.**

**Please be sure to sign and date this form**

Name: \_\_\_\_\_  
Last First MI

Phone  
Home number: \_\_\_\_\_ . Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ . Policy #: \_\_\_\_\_

Allergy: \_\_\_\_\_

Comments (including any special or personal information you would want an emergency care provider to know, or special contact information)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print your name here:

# New York City Residents Alliance Youth4AM Free SHSAT and Public Speaking Summer Camp



## DISCLAIMER OF LIABILITY

I \_\_\_\_\_, the parent of \_\_\_\_\_ (“my child”), give permission for my child to attend the \_\_\_\_\_.

I understand that personal injury can and may occur to my child, and I hereby authorize the supervisors of the Youth4AM Summer Camp to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release New York City Residents Alliance, its employees, and volunteers, from any and all liability, claims, demands, causes action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this camp.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

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I agree to accept full responsibility, financially or otherwise for any damage my child may do or to the property of the camp.

I agree and consent to all of the above stated.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please remember to fill the Emergency Contact form provided.