



CCC Dental Camp Summer Camp Release

Student Information

First name: _____ Last name: _____

Photo/Video Permission

I hereby give permission to Clackamas Community College (CCC) to release my (my student's) photograph and video images, and audio voice recordings for use in local and regional media, college publications, college newsletters, websites, electronic and social media, and for marketing, fundraising and publicity purposes. I understand that I will receive no compensation and that this permission is binding.

Check here if you do **NOT** grant photo/video permission

In consideration for being permitted to participate in CCC Dental Camp at Clackamas Community College Oregon City campus taking place between June 21, 2021 and June 25, 2021 OR June 28, 2021 and July 2, 2021, I, the undersigned, fully recognize the dangers and hazards inherent in college-provided transportation, as well as the unknown dangers and hazards which may arise in the course of the activities or transportation, to which I/my child may be exposed as a result of my/my child's participation, do hereby voluntarily:

1. Agree to assume all of the risk and responsibilities associated with my/ my child's participation in the activities and college-provided transportation.
2. Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge Clackamas Community College, its trustees, officers, employers, agents, insurers, successors and assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my/my child's participation in the any activities or use of college-provided transportation.

CCC Dental Camp Rules

I hereby acknowledge and agree to follow the Dental Camp Rules as outlined below:

1. Arrive/Log In on time, and attend camp daily from 9am-3pm, June 21-25, 2020 OR June 28-July2.
2. Complete any required homework.
3. CCC Dental Camp and Scholarship Program is grant funded. All camp attendees will need to complete pre and post-camp surveys as a condition of participation. Camp attendees also need to notify dentalcamp@clackamas.edu of any changes in contact information.
4. Check your CCC student email **daily** for important information from camp instructors.



5. Follow ALL rules and policies identified by Dental Camp instructors and CCC. You are expected to conduct yourself in accordance with the college code of conduct as stated in the student handbook:
<http://www.clackamas.edu/about-us/accreditation-and-policies/student-rights>

6. Email dentalcamp@clackamas.edu if you will miss a day of camp due to illness or emergency.

I, the undersigned, acknowledge that I am 18 years or older and have read and understand this agreement and understand that it is legally binding. It is my intention, in signing it, to voluntarily participate in this activity in accordance with the terms of the above agreement and to assume the responsibilities and risks resulting from my participation.

I am parent or legal guardian of the above-named child who wishes to participate in this activity. I have read and understand this agreement and understand that it is legally binding. It is my intention, in signing it, to give permission to allow my child to participate in this activity in accordance with the terms of the above agreement.

Student (if 18 or older) Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Printed Name of Camp Participant: _____