



# WinterSpring

*Facing Loss, Embracing Life Again -- Together*

PO Box 8169, Medford, OR 97501

541-552-0620 [www.winterspring.org](http://www.winterspring.org)

## Permission to Use Media & Release of Liability

Dear Parent or Guardian,

WinterSpring uses educational and public relations projects to offer support to every family in Jackson County whose children and teens are affected by the death of a loved one. The purpose of this request is to ask your permission to use images, artwork or other examples of media that exemplifies the benefits that your teen receives from participating in a WinterSpring group. You are welcome to view examples of previous publications or videos.

Please initial the items listed to indicate your (optional) permission for each type of representation, and sign below.

\_\_\_\_\_ I give my permission for any artwork, poem, or other project created by my teen while participating in a WinterSpring grief support group or Camp WinterSpring to be used in WinterSpring's educational or public relations projects. I understand that this material may be reprinted in a WinterSpring publication or as part of WinterSpring information used in other media such as web, Facebook, newspapers, radio and television.

\_\_\_\_\_ I give my permission for my teen to be interviewed by a WinterSpring representative or by a media reporter in the presence of a WinterSpring representative to be used in WinterSpring's educational or public relations projects. I understand that this material may be reprinted or reproduced in a WinterSpring publication or as part of WinterSpring information used in other media such as web, Facebook, newspapers, radio and television.

\_\_\_\_\_ I give my permission for a photograph or videotape of my teen participating in Camp WinterSpring or related interview to be used in WinterSpring's educational or public relations projects. I understand that this material may be reproduced in a WinterSpring publication or as part of WinterSpring information used in other media such as web, Facebook, newspapers, radio and television.

**I agree as a condition of my child/ teen being allowed to participate in Camp WinterSpring activities, that I will hold WinterSpring, its directors, staff, and volunteers harmless from and against any and all claims, actions or liabilities of any nature, should any accident or injury occur to my child/ teen.**

Date \_\_\_\_\_

Print teen's name \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_