

RELEASE & CONSENT FORM

Burns Recovered needs your help to support our mission to provide services and programs to burn survivors. Often, as people become aware of how to prevent burns, they also want to support programs that help those who have burn injuries. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. **Check the appropriate answers AND sign below.**

Photo/Video

___ **Yes**, I authorize Burns Recovered to photograph my child, and to publish the photographs for use in promotional materials such as displays, presentations or publications about Midwest Children's Burn Camp, or for advertising purposes, including media advertisements. I understand that last name, cause of burn, and any other sensitive personal information will not be revealed without my specific consent.

I also give my permission for news media representatives to photograph my child for publication in newspapers or television news broadcast.

Burns Recovered is hereby released from any legal liability that may arise from the release of the photographs and any information provided.

___ **It is okay** to take photos/video of my child to be used for camp-specific purposes such as the address book and video/slideshow, but please do not use it for any other printed materials.

___ **No**, I will not allow photos or video of my child to be used in any way.

PLEASE NOTE: There will be no monetary compensation for use of your child's photograph. Any photographs taken during Midwest Children's Burn Camp will become the property of Burns Recovered.

Group Study

___ **Yes**, my child can participate by completing a quick survey one afternoon while at camp to help develop programs aimed at child burn survivor's needs.

___ **No**, I would prefer that my child not participate in a group study.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

TRANSPORTATION RELEASE

I hereby authorize Burns Recovered to provide for my child's transportation to and from Midwest Children's Burn Camp. There are several locations for bus pick-up & drop-off. Please check the location that is **closest** to your area. (Angel Flight is provided, at no cost to you, via privately-owned, small aircraft. This is **only** for children living in areas not near bus departure locations.)

St. Louis Kansas City Columbia Springfield Other _____

Someone other than the **parent/guardian** will be picking up my child at the bus or airport. The name and contact number for this person is:

NAME OF ALTERNATIVE PERSON: _____ **Phone:** _____

- **In the event that transportation must be arranged via "Angel Flight", please answer the following:**
 1. Has your child flown in a small aircraft before? **Yes** **No**
 2. What is your child's current body weight? (please be factual, not "wishful") _____ pounds

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____