



**Sea Center Texas
300 Medical Drive
Lake Jackson, TX 77566**

Name of camper: _____

Date of camp: _____

RELEASE OF LIABILITY/PHOTO RELEASE

As a parent or guardian of above named child, I certify that said child has my permission to attend and participate in Sea Center Texas Day Camp, held on the above date, at Sea Center Texas. In signing this form, I hereby waive and release all other participants, staff, Sea Center Texas, Texas Parks and Wildlife Department, and all other officials or parties involved in the camp from all claims and/or damage incurred in connection with this program.

Parent or legal guardian

DATE _____

I also hereby grant Sea Center Texas and Texas Parks and Wildlife Department the unconditional right to use the photographic likeness of my child in connection with any of their audio/visual productions, articles, or press releases, but not as an endorsement.

Parent or legal guardian

DATE _____