

**Information/Medical Release:**

I hereby grant Shiloh Summer Camp of Oklahoma City, its nominees, agents, and assigns unlimited permission to use, publish, and republish for purposes of advertising and trade and for such uses as it may determine, information and reproductions of my likeness (photographic or otherwise), my voice, and my statements related to my work as a Shiloh volunteer or related to the assistance I have received from Shiloh or any of its partner agencies, with or without identification of me by name. I understand that my likeness, voice and/or statements could be used in or on, but not be restricted to, pamphlets, posters, billboards, booklets, brochures, bus shelters, bus benches, radio or television advertising, promotional videos, slide presentations, and other forms of printed, video, or audio material.

I waive any right to prior approval for use of any likeness of me, my voice, or statements made by me associated with the matters covered by this release. I further waive any claim for compensation of any kind or nature for the use of any likeness of me, my voice, or statements made by me associated with the matters covered by this release.

For the year May 1, 2012 through May 31, 2013, I do hereby release, forever discharge and agree to hold harmless Shiloh Summer Camp Inc. and Eagle Ridge Institute (hereinafter "Shiloh" and "ERI") and any and all directors thereof from any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned participant that occur while participating in any Shiloh/ERI activity or workday, so long as prudent and reasonable care has been maintained and Shiloh/ERI is not solely negligent. I do hereby grant permission of Shiloh/ERI directors or staff to take said participant to a physician or hospital, and hereby authorized medical treatment including but not in limitation to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered under this authorization.

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of parent/guardian, if participant is under 18

**Thank you for your interest in Shiloh Summer Camp!**

**Please ensure that we receive your application and reference forms as soon as possible. We will contact you to set up an interview when we receive your completed application.**

**Shiloh Summer Camp  
601 NE 63<sup>rd</sup> Street, OKC, OK 73105  
[info@shilohcamp.org](mailto:info@shilohcamp.org)  
(405) 858 – 7012 - fax**

**Final Application Deadline\*: Friday, March 23, 2012  
Final Interview Deadline\*: Friday, March 23, 2012**

**\*Positions may fill quickly, you are strongly advised to complete the application and turn it in as soon as possible.**