

Aerospace Center for Excellence, Inc.
A Florida Corporation Not For Profit
Summer Camp Permission Form

Name of Participant: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone:(h) _____ (c) _____ (w) _____

PHOTO RELEASE: I understand that the Aerospace Center for Excellence, Inc. (ACE) takes photographs of activities conducted under the auspices of the ACE. I understand that occasionally, photographs are released only to legitimate news and marketing organizations for the purpose of supporting public relations, future attendance and program viability. I hereby give and grant my permission for my child's presence and participation in ACE programs and give and grant my consent to such photography and release of such photographs.

Parent/Legal Guardian Signature

The attached release governs all activities at ACE, including flights in an aircraft.

1. _____ I do / do not want my child to fly in an aircraft if the opportunity is presented.

2. _____ I do / do not want my child transported in ACE, SUN 'n FUN FLY-In Inc., or other vehicles associated with this program.

3. List the following individuals that you give permission to pick up your child. Your child will not be released to anyone not listed below. Anyone picking up your child will be asked to show photo ID.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

4. List 2 emergency contacts.

Name _____ Relationship _____

Address _____

Phone: (h) _____ (c) _____ (w) _____

Name _____ Relationship _____

Address _____

Phone: (h) _____ (c) _____ (w) _____

Parent/Legal Guardian Print Name Date

Parent/Legal Guardian Signature Date