



Mountain Area Health Education Center



GENERAL INFORMATION

RETURN ALL SIGNED FORMS TO
WCU HEALTH CAREERS CAMP
C/O WCU Continuing Education
138 Camp Building
Cullowhee, NC 28723

Pick up Contact for June 26, 2010: Name _____ Phone _____

Emergency Contact: Name _____ Phone _____

Alternate Emergency Contact: Name _____ Phone _____

Student T-shirt size:

_____ Small _____ Medium _____ Large _____ Extra Large

PHOTO/VIDEO RELEASE AUTHORIZATION

Student's Name: _____

I do hereby authorize Western Carolina University and the Mountain Area Health Education Center, Inc. and its employees to utilize my photographic image for publication purposes (i.e. health careers manual, press release, newsletters, program brochures, etc). In giving my consent, I hereby release WCU & MAHEC from any and all liability or responsibility associated with this publication. I understand that I will receive no compensation should any photograph of me be used.

Student signature Date

Signature of Parent or Guardian (if student is under 18) Date