



## Virtual Camp Jeremy Application

Monday, February 20<sup>th</sup>, 2023

PLEASE PRINT ALL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Camper's Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Age Group:  K-3<sup>rd</sup> Grade  4<sup>th</sup>-8<sup>th</sup> Grade

Shirt Size:  Youth Small  Youth Medium  Youth Large

Adult Small  Adult Medium  Adult Large  Adult X-Large

Type of Transplant: \_\_\_\_\_ Date of Transplant: \_\_\_\_\_  Sibling

Hospital for Transplant Follow-Up: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**GIFT of LIFE**  
**DONOR PROGRAM**  
THE REGION'S ORGAN & TISSUE TRANSPLANT NETWORK  
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# Camp Jeremy Winter Edition 2023

## Photo Release Form

Child's Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Would you like us to send a photo of you to your local news media?  Yes  No

My Local Newspaper and Radio Stations are: \_\_\_\_\_

Yes, I consent to the use of photographs and the name of my child to promote organ and tissue donation. I understand that their name and photos may be used, but are not limited to newspaper articles, brochures, displays, television, radio and on the Gift of Life Donor Program's social media pages including: Facebook, Instagram, Pinterest, Twitter, and E-newsletters. I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of Gift of Life Donor Program, partners, their employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve materials which may from time to time be created by Gift of Life Donor Program and partners, which may include my name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release Gift of Life Donor Program and partners from any and all claims, liabilities, and losses that may arise from its use of their name, image, photo, likeness and voice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

As a parent/guardian, I am interested in learning more about:

- Volunteering
- Receiving Gift of Life's e-mail blast

Please contact Karen Keener with any questions: **kkeener@donors1.org** or 215-557-8090.



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