



Dr. Alan A. Chase, President  
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## Photo/Video Release Form

I grant Envisioning Youth Empowerment Retreat and its representatives the right to take photographs/videos of me/my child in connection with the Envisioning Youth Empowerment Retreat. I authorize the Envisioning Youth Empowerment Retreat and its representatives to publish photographs/videos in print and/or electronic formats.

I agree that Envisioning Youth Empowerment Retreat and its representatives may use such photographs/videos of me/my child for any lawful purpose.

YES, I give permission.

NO, I do not give permission.

I have read and understand these terms and conditions:

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(Signature of Participant)

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(Signature of Parent / Guardian, if under 18)

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(Date)

**Please See Reverse Side for Off Campus Travel Policy and Release**



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## Off-Campus Travel Policy

It shall be the policy of the Envisioning Youth Empowerment Retreat to permit participant off-campus travel (not as part of a scheduled EYE Retreat group activity) as a matter of privilege only during specified times.

Participants wishing to travel off-campus must adhere to the following guidelines. Failure to adhere to these guidelines will result in revocation of off-campus travel privilege for the remainder of the EYE Retreat.

1. Off campus travel is permitted only during designated hours.
2. Weather conditions, program activities, or other factors may limit or prohibit off-campus travel at the sole discretion of the President/Director.
3. A staff member must accompany any participant off-campus and they must travel in groups of three (a staff member counts as one of the required three) or more.
4. Participants must provide the location of their destination and an estimated return time.
5. Participants under the age of eighteen must have parent permission to travel off-campus for non-EYE Retreat scheduled activities.
6. The EYE Retreat and its staff are not responsible for any injuries, actions, or decisions by those who travel off campus.
7. Those traveling off campus must report their intended destination, method and route of travel, and estimated return time.
8. The EYE Retreat reserves the right to request law enforcement conduct welfare checks of missing persons or those who fail to return at the designated time.

YES, I give permission.

NO, I do not give permission.

I have read and understand these terms and conditions:

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(Signature of Participant)

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(Signature of Parent / Guardian, if under 18)

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