



## PHOTO CONSENT

ALL INFORMATION COLLECTED WILL  
REMAIN PERSONAL AND CONFIDENTIAL

### PRINT AND MAIL COMPLETE FORM TO:

New Jersey WAVE  
c/o Voorhees Pediatric Facility  
Attention: Tricia Cunningham  
1304 Laurel Oak Rd  
Voorhees, NJ 08034

### CONSENT TO PHOTOGRAPH

NJ WAVE participant shall state whether he/she will consent to be photographed by NJ WAVE, as follows:

- ☐ I understand my child will be photographed (including video photography) by NJ WAVE staff, media or families of other WAVE camp participants for purposes of fundraising.

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Signature of NJ Wave Participant or Guardian

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Date