

Camp Living Springs Adult Cancer Survivors Virtual Camp
Internet Required
October 16, 2020

CAMPER APPLICATION

Name: _____

Address: _____ City: _____ State _____ Zip: _____

Email _____ Phone _____

Date of Birth: _____ Sex: Male _____ Female _____

T-Shirt Size: MED _____ LARGE _____ XL _____ 2XL _____ 3XL _____

MEDICAL INFORMATION

Type of cancer: _____

Are you currently in treatment for your cancer? Yes _____ No _____ Date of last treatment: _____

If yes, please specify what kind of treatment you are receiving: _____

REQUIRED AUTHORIZATION

I hereby give my informed written consent for the making of still photographs, motion picture films, videotape and sound recordings for use as part of the Morton Plant Mease Cancer Center's public information, educational and training activities. By submitting this application, I authorize Morton Plant Mease to release to the public, including the news media, information regarding the benefits or services the above name received from or through Camp Living Springs adult cancer retreat. This shall include release of name, other identifying information as well as photographs, motion picture films, video tape or sound recordings

It is my understanding that such materials may be used by Morton Plant Mease and its agents for an indefinite period of time unless this authorization is revoked in writing. However, if revoked, Morton Plant Mease shall not be required to recall affected publications, photographs, motion pictures, slides or sound recordings then in use.

Signature: _____ Date: _____

Mail to: Morton Plant Hospital Volunteer Resources
300 Pinellas St., MS 16, Clearwater, FL 33756
OR

Email to: victoria.pikal@baycare.org

For more information call: 727-461-8010
Return application by September 25, 2020