

Student Information in Case of Emergency on Field Trips

Class:

Instructor:

Quarter:

Name:

Home phone and/or cell phone number:

Are you a certified driver of a University vehicle? Yes No
(If no, and you intend to drive, please contact the Dept. Office.)

In case of emergency:

Name(s) of person(s) to notify:

Relationship:

Phone number(s):

Insurance information:

a) University of Utah student insurance policy? Yes No

b) *Or* student's (or parent's or spouse's) own medical insurance policy?

Name of policy holder (if other than student):

Name of insurance company (if known):

Policy number (if known):

Any other pertinent information *(If you have any serious medical condition or other major health concern, please inform the instructor prior to the field trip.)*

TALENT RELEASE FORM

Project Name and Date _____

PERMISSION TO USE PHOTOGRAPH OR RECORDING (check all that apply to project above)

- Photographs of me Voice Recordings Picture Recordings

I hereby authorize the University of Utah Marketing & Communications Office (“University”) its agents, successors and assigns:

- For Photographs or Recordings of Me: To use photographs, and/or voice recordings, and/or voice and picture recordings and authorize the University to use and publish or broadcast the same. I understand that such photographs and/or recordings may be used with my name, no name, or a fictitious name; and may be intentionally or unintentionally altered. I also understand that such photographs and/or recordings may be displayed, reproduced, published, and/or broadcast through any media including, but not limited to, print, broadcast, and/or digital media, and used for the purpose of publicity, advertising, trade, art, or any other lawful purpose without limitation as to optical or audio effect produced and/or time of use.
- For Photography Models: To reproduce and copy, publicly display, publicly distribute, and to prepare derivative works of photographic pictures of me, or in which I may be included in whole or part. I understand that all negatives and positives are solely the property of the University. I understand that such photographs may be displayed and/or reproduced in composite or distorted form, and may be intentionally or unintentionally altered. I also understand such photographs may be displayed or reproduced through any media, including, but not limited to, print, broadcast, and/or digital media, for art, advertising, publicity, trade, or any other lawful purpose. I hereby authorize the aforementioned uses and further authorize the University to use my name, image, and/or likeness in connection with the publication or display of such photographs without compensation.

I hereby waive any right that I may have to inspect and/or approve the photographs and/or recordings or the advertising that may be used in connection therewith, or approve the use to which the photograph and/or recording may be applied.

I hereby release and discharge the University, its agents, successors, and assigns from any and all claims arising out of or in connection with the use of such photographs and/or recordings, including, but not limited to, any claims of defamation or invasion of privacy.

Name _____

Date _____

Social Security or Tax ID Number _____

Street Address _____

City, State, Zip _____

Signature (if age 18 or over) _____

Parent or Guardian (if under age 18) _____

OFFICE USE ONLY

Job Number _____

Account Executive's Name _____