

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE FOR U OF U EVENT OR ACTIVITY

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (print full name): _____

Program, Course and or Instructor: _____

Date(s):

Trip Destination(s):

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the above named Program offered through the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose me to illness, injury or death. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Program. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Program instructor, plus any directions given to me by an authorized University employee during the course of the Program.

(Signature of Minor Participant age 12-17)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I, _____, am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the curriculum and the activities which take place in the above named Program and hereby give consent for the Participant to participate in the Program. I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose the participant to illness, injury or death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the University to obtain for the Participant any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Signature of Legal Guardian and/or Parent of Participant

Date

Phone Number

Participant has been advised to maintain health and accident insurance to cover the costs of treatment in the event of any injury or illness.

*The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

PARTICIPANT INSURANCE INFORMATION

Policy number: _____
Insurance carrier: _____
Carrier address: _____

Contact person: _____
Phone number: _____
Additional information: _____

IN CASE OF EMERGENCY INFORMATION

Name of person to notify: _____
Relationship: _____
Phone number: _____
Additional information: _____

TALENT RELEASE FORM

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

_____ 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: _____
Phone number: _____
Social Security or Tax ID number: _____
Street address: _____

Signature (if age 18 or over)

Parent / Guardian (if under age 18):

Date

OFFICE UNIVERSITY OF UTAH USE ONLY

Job number: _____
Account Executive's name: _____