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SheCode'23 April 22, 2023

## Participant's Information

First and Last Name

## Guardian's Information

First and Last Name

Phone Number

Please list someone who may be contacted if you are unavailable in case of an emergency:

Any information regarding the participant of which the staff should be aware? Please explain if applicable.

Handicapping Conditions

Diseases

Allergies

Activity Restrictions

Necessary Regular Medications

Other

Your signature indicates parental approval of the student's attendance at and participation in all activities except as noted above by you. I certify that I am over the age of 18 and legally competent to sign this form. I understand that this document constitutes a legally binding contract. I have completely read, understand, and voluntarily accept the terms of this agreement.

SIGN AND DATE HERE

## Consent of Treatment

I hereby authorize Southern Illinois University Edwardsville to provide or obtain emergency medical care for the participant listed above, a minor. I understand that I will be responsible for any charges incurred for such care. I certify that I am over the age of 18 and legally competent to sign this form. I understand that this document constitutes a legally binding contract. I have completely read, understand, and voluntarily accept the terms of this agreement.

SIGN AND DATE HERE

Are you the Parent or Legal Guardian of the Participant (if participant is under the age of 18): YES / NO

**PHOTOGRAPH / VIDEO CONSENT AND RELEASE (ADULT)**

I, hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of me and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions, I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE May / May Not use my name and identity in connection with the image.

First and Last Name

**PHOTOGRAPH / VIDEO CONSENT AND RELEASE (CHILD)**

I, parent or official guardian of this **child**, hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of **my child** and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions of **my child**, I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me or **my child**. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE May / May Not use **my child's** name and identity in connections with the image.

First and Last Name of Child

IN WITNESS WHEREOF, the following persons have executed this release this on: March , 2020

Name of Person Signing below:

I certify that I am over the age of 18 and legally competent to sign this form. I understand that this document constitutes a legally binding contract. I have completely read, understand, and voluntarily accept the terms of this agreement.

SIGN AND DATE HERE

Are you the Parent or Legal Guardian of the Participant (if participant is under the age of 18): YES / NO