

University of Utah Department of Mathematics
Release for videotaping and photography

I am the parent or guardian of _____ (minor child)
and do hereby authorize, the producer, Summer Mathematics Program for High
School Students, to photograph, video tape, film, or audio record her/his likeness or
voice, and do grant the producer and parties designated by the producer the irrevocable
right to use her/his name, and/or audio and video image for such purposes and in any
manner as deemed necessary. I have read this release and understand and agree to its
terms.

Signature _____ Date _____

Parent/guardian name _____

Address _____

City/State/Zip _____

Telephone _____