

## Media Release

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I hereby, for myself, my heirs, administrators, and assigns; release and discharge the State of Utah, Department of Human Services and its employees, any sponsors, and all other participants of the activity from all claims, demands, actions, and causes of action of any sort, for injury or damages sustained while traveling to or from any photographic or media location activity, or any injury or damages sustained while participating in still photo, film or media activities.

I have read and understand the above release and specifically agree to be bound by the terms set forth above.

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**Name of participant – print**

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**Signature of participant**

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Complete address of the participant

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Phone number

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Date

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- I give permission to use my name / the organizations name.  
 I do not give permission to use my name / the organizations name.

Please sign and return this form to:  
Utah Developmental Disabilities Council  
155 S. 300 W. Suite 100  
Salt Lake City, UT 84101