

EMERGENCY INFORMATION

Furnishing any or all information on this form is voluntary. Information on this form may only be transmitted to other individuals who are deemed appropriate in connection with a health or safety emergency, and will be transmitted to the State and Federal governments if required by law.

The persons responsible for maintaining the information contained on this form are: Paige DeCino and Karen Merrill of Preserve Calavera.

Name: _____
Home Address: _____
Home phone: _____ Cell phone: _____
Physician: _____ Physician Telephone: _____
Name of Health Insurance Carrier: _____
ID# Group or Account No. Coverage: _____

Please indicate person(s) to be contacted in case of severe illness, accident or other emergency circumstance.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Other information or instructions in case of an emergency:

UCCE California Naturalist Program Photographic/Video Consent & Release

Name (Last, First): _____

I do hereby consent and agree that the University of California Cooperative Extension and PRESERVE CALAVERA/UCSD NRS (host organization), their employees or agents have the right to take photographs or record videos of me (and/or my property) and to use these for educational and promotional materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the University of California Cooperative Extension and PRESERVE CALAVERA/UCSD NRS (host organization), their agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market or sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute this agreement.

Full name: _____
Address: _____
Phone: _____
Date: _____

Signature: _____