



# DAY OF THE DEAD PREMEDICAL ENRICHMENT PROGRAM



**Saturday, October 30, 2010  
9:00 A.M. – ( :00 P.M.**

Welcome to the University of Utah School of Medicine Day of the Dead Premedical Enrichment Program. This program is sponsored by the Office of Inclusion and Outreach. Please fill out this registration form and email it to back to [kevin.bell@hsc.utah.edu](mailto:kevin.bell@hsc.utah.edu) or you can fax to 801-585-3300 or mail to the address below. Once we have received your registration, you will be sent an email confirmation. Before the event we will email you a schedule regarding the activities for the day.(Don't forget to submit the waiver.)

**Please respond by October 25th to:**

The University of Utah, School of Medicine  
Dean's Office, Office of Inclusion and Outreach  
30 North 1900 East 1C102, Salt Lake City, UT 84132  
Phone: 801-585-3568 Fax: 801-585-3300 Email: [kevin.bell@hsc.utah.edu](mailto:kevin.bell@hsc.utah.edu)

### Personal Information (Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Birth Date (month/day/year): \_\_\_\_\_

Education Level (check one): Freshman      Sophomore      Junior      Senior

Bachelor's      Master's      Ph.D.      Other

Major(s)/Degree(s): \_\_\_\_\_ College: \_\_\_\_\_

Email address: \_\_\_\_\_

(You will receive a registration confirmation via email)

How did you hear about the program?

\_\_\_\_\_

The following section is optional. The data is only used for statistical purposes and to better serve you.

Are You **Hispanic or Latino**? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)                      Yes                      No

Please check the racial category or categories with which you most closely identify.

RACIAL CATEGORY (check as many as apply)

DEFINITION OF CATEGORY

**American Indian or Alaska Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

What is the primary language spoken in your home?

English                      Spanish  
American Indian Language                      (please state) \_\_\_\_\_  
Asian Language                      (please state) \_\_\_\_\_  
Other language                      (please state) \_\_\_\_\_

What is the secondary language, if any, spoken in your home?

English                      Spanish  
American Indian Language                      (please state) \_\_\_\_\_  
Asian Language                      (please state) \_\_\_\_\_  
Other language                      (please state) \_\_\_\_\_

What is the highest level of education completed by your mother?

Completed high school                      Some college  
Completed college                      Post-graduate work (Master's, Doctoral, or Professional)  
Other                      (please state) \_\_\_\_\_

What is the highest level of education completed by your father?

Completed high school                      Some college  
Completed college                      Post-graduate work (Master's, Doctoral, or Professional)  
Other                      (please state) \_\_\_\_\_

**For more information or questions please contact:**

**Kevin Bell, Administrative Program Coordinator, Office of Inclusion and Outreach**

**University of Utah School of Medicine, Dean's Office**

**30 North 1900 East, 1C102, Salt Lake City, UT 84132**

**Phone: (801) 585-3568**

**Fax: (801) 585-3300**

**Email: [kevin.bell@hsc.utah.edu](mailto:kevin.bell@hsc.utah.edu)**



## PARTICIPATION AND USE OF NAME/ LIKENESS RELEASE FORM

2010-2011

The University of Utah School of Medicine  
Office of Inclusion and Outreach

This Agreement must be completed in order to participate in the activities associated with this event.

Name of Participant (Please print full name): \_\_\_\_\_

Activity: \_\_\_\_\_

Date(s) \_\_\_\_\_ Time \_\_\_\_\_ Location(s) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the curriculum and the activities which take place in the above named activity.

\_\_\_\_ I will participate or authorize the Participant to participate in the above activity at the above location. I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the activity which may expose the participant to illness and/or injury which includes but is not limited to ingestion of a potentially harmful substance, cut or abrasion from scalpel, exposure to raw animal organ(s) and/or parts, infection from a cut, and puncture from suture. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury.

Participant or Guardian/Parent of Participant understands and acknowledge that the University of Utah ("University") is not an insurer of Participant's behavior, actions or participation in the activity, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

\_\_\_\_ Participant does not have any medical conditions that would prevent participation in course Program.

\_\_\_\_ Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

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



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### FORM OF NAME AND/OR LIKENESS RELEASE

For valuable consideration received, the undersigned hereby irrevocably consents to and authorizes the use by ("University") of the undersigned's name, image, voice and/or likeness as follows: The University shall have the right to publish, re-publish, adapt, exploit, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or re-use the undersigned's name, image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in perpetuity throughout the universe including advertising, promoting and merchandising. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. Please indicate your agreement to the foregoing by signing below.

**PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.**

\_\_\_\_\_ I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_ I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

\_\_\_\_\_  
Signature of Legal Guardian and/or Parent of Participant

\_\_\_\_\_  
Date