



University of California  
San Francisco

August 2024

Dear Student and Guardian,

It is my pleasure to invite you to apply for the University of California San Francisco TRiO **Educational Talent Search** (ETS) program at Pittsburg High School. All of our activities are designed to encourage students to set personal and academic goals that promote personal and academic success. We are excited to offer you access to college ready workshops, college tour field trips, career exploration activities, and tutoring. The goal of ETS is for our students to finish high school ready for college, so they can enroll in and complete their postsecondary education.

### **Who is Eligible to Participate in Educational Talent Search?**

The students applying for the UCSF TRiO Educational Talent Search Program must meet the following criteria:

- a. Will be a First-Generation College Student [Neither parent has a BA/BS (4yr. College Degree)] OR
- b. Family's Taxable Income must meet the TRiO Federal Low-Income levels.

\*Priority will be given to students who fall under BOTH a. and b.

Please use this section as the application checklist and complete the following:

- TRiO Application Sections A-D
- Liability Form
- Medical Form
- Media Consent Form
- Return this completed application packet to Ms. Mariel in Room B208**

### **What is TRiO Educational Talent Search (ETS)?**

Educational Talent Search is a federally-funded program that was created in **1965**. ETS was the second of eight federal "TRiO" programs authorized by the *Higher Education Act* to help students succeed in higher education. ETS is a college-access educational program designed to develop the skills and motivation necessary for student's success in education beyond high school. Eligible students can be part of the program throughout their duration as a high school student. Many colleges and universities also have TRiO programs that scholars can join as part of their undergraduate and graduate school experiences.

During the academic year, students are invited to meet with an ETS advisor, and can participate in tutoring, college visits, and learn about the process of enrolling into college. During the summer, select students attend a summer internship that enhance their knowledge of colleges, STEM, and/or other disciplines.

### What is Expected of Students?

Students enrolled in ETS are expected to sign a commitment agreement. Tutoring is open to all ETS students and all are encouraged to attend tutoring as part of their academic program. Students are also expected to:

- Arrive on time to ETS field trips, tutoring sessions and other ETS programming
- Adhere to the High School student code of conduct
- Participate fully in the ETS program
- Complete college applications and subsequent materials when appropriate
- Behave in a manner of respect and excellence
- Attend tutoring, when necessary

### What is Expected of Parents/Guardians?

Parents and guardians play an essential role in the personal and academic success of ETS students. We ask that parents/guardians:

- Attend college-related sessions (e.g. financial aid, scholarships, admissions requirements, etc.)
- Support the ETS leadership when enforcing the standards of the ETS programs (advocate for students to be enrolled in college prep courses)
- Ensure students arrive to workshops/sessions/field trips on time
- Arrange for transportation to and from ETS programs, when applicable

**Return the completed application to Ms. Mariel in Room B208.** If you have any questions, please email Ms. Mariel at [mariel.duran@ucsf.edu](mailto:mariel.duran@ucsf.edu) or text/call her at (415) 624-5256.

Thank you for your support. We are excited to begin this journey with you!

Sincerely,

Mariel Duran

Talent Search Coordinator, Pittsburg High School  
PHS Room B208  
University of California at San Francisco  
Office of Diversity and Outreach  
1855 Folsom Street, Suite 548  
Mission Center Building, Box 0934  
San Francisco, CA 94143-0934  
Telephone: (415) 624-5256  
Email: [mariel.duran@ucsf.edu](mailto:mariel.duran@ucsf.edu)



# TRIO EDUCATIONAL TALENT SEARCH APPLICATION



## Section C. Family Educational Information

To be eligible for the TRIO program, the student must be a first-generation college student (neither parent/guardian has a 4-year bachelor's degree) AND/OR be considered Low-Income according to current federal low-income levels shown below.

|                 | Parent/Guardian #1 | Parent/Guardian #2 |
|-----------------|--------------------|--------------------|
| <b>Name</b>     |                    |                    |
| <b>Relation</b> |                    |                    |

| Circle the highest level of education completed: | Circle the highest level of education completed: |
|--|--|
| No School  | No School  |
| Elementary High School                           | Elementary High School                           |
| Junior High School                               | Junior High School                               |
| High School                                      | High School                                      |
| Trade School                                     | Trade School                                     |
| Community College (2 Year)                       | Community College (2 Year)                       |
| College (4 Year)                                 | College (4 Year)                                 |
| Graduate School                                  | Graduate School                                  |

| Which degree did you receive?  | Which degree did you receive?  |
|--|--|
| <input type="checkbox"/> AA/AS<br><input type="checkbox"/> BA/BS<br><input type="checkbox"/> MA/MS<br><input type="checkbox"/> Ph.D. | <input type="checkbox"/> AA/AS<br><input type="checkbox"/> BA/BS<br><input type="checkbox"/> MA/MS<br><input type="checkbox"/> Ph.D. |

We are required by the US Department of Education to obtain information from all applicants served by Educational Talent Search TRIO Program.  
 ALL INFORMATION PROVIDED IS CONFIDENTIAL.

**Section D. Family Size and Income Information**

To be eligible for the TRIO program, the student must be a first-generation college student (neither parent/guardian has a 4-year bachelor's degree) AND/OR be considered Low-Income according to current federal low-income levels shown below.

**Federal TRIO Programs Current-Year Low-Income Levels** (Effective January 11, 2024)

Check the box if the size of your family unit falls within the annual income federal guidelines. If not, check OTHER:

| Size of Family Unit        | CA Annual Income |
|----------------------------|------------------|
| <input type="checkbox"/> 1 | \$0 - \$22,590   |
| <input type="checkbox"/> 2 | \$0 - \$30,660   |
| <input type="checkbox"/> 3 | \$0 - \$38,730   |
| <input type="checkbox"/> 4 | \$0 - \$46,800   |
| <input type="checkbox"/> 5 | \$0 - \$54,870   |
| <input type="checkbox"/> 6 | \$0 - \$62,940   |
| <input type="checkbox"/> 7 | \$0 - \$71,010   |
| <input type="checkbox"/> 8 | \$0 - \$79,080   |
| <input type="checkbox"/>   | OTHER            |

For family units with more than eight members, add the following amount for each additional family member: \$8,070.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 17, 2024 and are effective as of January 11, 2024.

[TRIO](#)

|   |
|---|
| Total number of household members & dependents (including yourself): #                                      |
| Did you file a Federal Income Tax Form last year?: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What was your family's annual income? \$  |

|   |                 |              |             |          |       |
|---|-----------------|--------------|-------------|----------|-------|
| Is your student eligible for or does he/she receive free lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No    |                 |              |             |          |       |
| Do you or does anyone in your household receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |              |             |          |       |
| If "Yes" Please Circle which forms of public assistance members of your family receive and provide a copy for verification: |                 |              |             |          |       |
| AFDC  | Cal-Works       | Disability   | Food Stamps | Medi-Cal |       |
| Section 8   | Social Security | Unemployment | TANF        | WIC      | OTHER |

**Certification**

*I certify that my responses on this form are accurate and complete to the best of my knowledge and that any misrepresentation may be caused by denial or cancellation of admission. I understand that I may be asked to provide income documentation if my student is admitted into Educational Talent Search.*

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|                              |                           |      |
|------------------------------|---------------------------|------|
| Parent/Guardian Printed Name | Parent/Guardian Signature | Date |
|------------------------------|---------------------------|------|

We are required by the US Department of Education to obtain information from all applicants served by Educational Talent Search TRIO Program.  
 ALL INFORMATION PROVIDED IS CONFIDENTIAL.



Student's Name (Printed):

[Empty box for Student's Name]

University of California, San Francisco

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in

**the UCSF Center for Science, Education and Outreach Programs  
and UCSF TRIO Educational Talent Search Program**

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Student's Age (if minor) \_\_\_\_\_ Vol Waiver 7/01

Nombre del participante:

Favor escriba en letra de molde

Universidad de California, San Francisco

**Exención de responsabilidad, aceptación de riesgo y acuerdo de indemnización**

**Relevo:** En consideración para ser permitido a participar en cualquier forma en el programa

the UCSF Center for Science, Education and Outreach Programs  
and UCSF TRIO Educational Talent Search Program

de aquí en adelante referido como «La Actividad», yo, para mí, mis herederos, representantes personales o asignados, **por este medio relevo, renuncio, descargo y prometo no demandar** a los regentes de la Universidad de California, sus funcionarios, empleados y agentes de responsabilidad **de cualquier y todo reclamo, incluyendo la negligencia de los regentes de la Universidad de California, sus funcionarios, empleados y agentes**, resultando en daños personales, accidentes o enfermedades (incluyendo muerte) y pérdida de propiedad derivados, pero no limitados a, la participación en La Actividad.

Firma del padre o tutor legal del menor

Fecha

Firma del participante

Fecha

**Aceptación de riesgos:** Participación en La Actividad lleva consigo ciertos riesgos inherentes que no se pueden eliminar no importa cuánto cuidado se tenga para evitar lesiones. Los riesgos específicos varían de una actividad a otra, y cubren la gama de 1) heridas menores como arañazos, contusiones y esguinces 2) heridas graves tales como lesiones oculares o la pérdida de la vista, heridas de coyunturas o heridas de la espalda, ataques cardíacos y las conmociones cerebrales, a 3) lesiones catastróficas, incluyendo parálisis y muerte.

**He leído los párrafos anteriores y sé, entiendo y aprecio estos y otros riesgos que son inherentes** en La Actividad. Por la presente **afirmo que mi participación es voluntaria y que asumo a sabiendas todos estos riesgos.**

**Indemnización y liberar de responsabilidad:** Estoy también de acuerdo con INDEMNIZAR Y LIBERAR DE RESPONSABILIDAD a los regentes de la Universidad de California de cualquier reclamo, acciones, demandas, procedimientos, costos, gastos, daños y obligaciones, incluyendo los honorarios de abogados que resulten de mi participación en La Actividad y a reembolsarles esos gastos incurridos.

**Divisibilidad:** El firmante además acuerda expresamente que el acuerdo de renuncia y aceptación de riesgos precedente es intencionado para ser tan amplio e inclusive como lo permite la ley del estado de California y que si cualquier porción del mismo fuera considerada inválida, se acuerda que el resto, no obstante, continuará en plena fuerza y efecto legal.

**Reconocimiento de entendimiento:** He leído esta renuncia de responsabilidad, aceptación de riesgo y acuerdo de indemnización, comprendo de lleno sus términos, y **entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a demandar.** Reconozco que estoy firmando el acuerdo libre y voluntariamente, y **por mi firma tengo la intención de que sea un relevo completo e incondicional de toda responsabilidad** en la mayor medida permitida por la ley.

Me gustaría ser chaperón/chaperona.

Firma del padre o tutor legal del menor

Fecha

Firma del participante

Fecha

Edad del participante (si es menor edad) \_\_\_\_\_





University of California  
San Francisco

### Youth Treatment Authorization Form - Print all information clearly.

This Treatment Authorization Form is authorized for all UCSF - ) y# u@V ° OTALENT SEARCH meetings and activities.  
(Please Note: This information updated ed. Provided that the parent, guardian, or caregiver request and return an updated Youth Treatment Authorization Form to the designated TRiO Personnel)

O 's First Name

O Last Name

|  |  |
|--|--|
|  |  |
|--|--|

#### TO BE COMPLETED BY LEGAL PARENT/GUARDIAN

Parent/Guardian Legal First & Last Name: \_\_\_\_\_

Home/Work/ Other phone: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION: (Must be an adult other than the Legal Parent/Guardian)

First & Last Name: \_\_\_\_\_ Home/Work/Other Phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone: \_\_\_\_\_

While my child is attending or traveling to or from this UCSF TALENT SEARCH function, I HEREBY AUTHORIZE THE UCSF TALENT SEARCH ADULT VOLUNTEER OR UCSF TALENT SEARCH STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq. This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provide to my child.

**AUTHORIZATION AND CONSENT AND RELEASE** I hereby certify that my child is in good health and can travel to and participate in all functions of the UCSF Talent Search Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting UCSF Talent Search Office or staff.

\_\_\_\_\_

Signature of Parent/Guardian

Date

**NON-CONSENT** I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the



University of California  
San Francisco

### Autorización para tratar a jóvenes - escriba toda la información claramente.

Este formulario de autorización de tratamiento da autorización para todas las reuniones y actividades del programa UCSF EDUCATIONAL TALENT SEARCH. (Por favor notar: esta información debe actualizarse según sea necesario. Según Tenga en cuenta: siempre que el padre, tutor o cuidador solicite y devuelva un formulario de autorización de tratamiento juvenil actualizado al personal designado de TRiO).

Nombre del esudiante:

Apellido del esudiante:

|  |  |
|--|--|
|  |  |
|--|--|

#### DEBE SER COMPLETADO POR LOS PADRES/TUTOR LEGAL

Nombre y apellido legales el padre/tutor: \_\_\_\_\_

Teléfono de la casa/trabajo/otro: \_\_\_\_\_

#### INFORMACIÓN DE CONTACTO DE EMERGENCIA: (Debe ser un adulto que no sea el Padre/Tutor Legal)

Nombre y apellido: \_\_\_\_\_

Teléfono de la casa/trabajo/otro: \_\_\_\_\_

Relación \_\_\_\_\_ Teléfono celular: \_\_\_\_\_

Mientras mi hijo está asistiendo o viajando a/de una función de UCSF EDUCATIONAL TALENT SEARCH YO POR ESTE MEDIO AUTORIZO AL ADULTO VOLUNTARIO O MIEMBRO DEL PERSONAL DEL PROGRAMA UCSF EDUCATIONAL TALENT SEARCH, o en su ausencia o discapacidad, a cualquier adulto acompañándole o asistiéndole, QUE DÉ CONSENTIMIENTO PARA EL TRATAMIENTO MÉDICO SIGUIENTE PARA DICHO ESTUDIANTE MENOR DE EDAD: Cualquier examinación de radiografía, diagnóstico o tratamiento anestésico, médico o quirúrgico y hospitalización que se considere aconsejable por, y es prestada bajo la supervisión general o especial de cualquier médico o cirujano con licencia bajo las disposiciones de la ley de prácticas médicas, Código de empresas y profesiones sección 2000 et seq.; o cualquier examen de rayos x, diagnóstico o tratamiento anestésico, dental o quirúrgico y hospitalización proveída por un dentista con licencia bajo las disposiciones de la ley de prácticas dentales, Código de empresas y profesiones de California sección 1600 et seq. Esta autorización se da conforme a las disposiciones del Código de familia sección 6910. Esta autorización será efectiva hasta que mi niño termine sus actividades en este programa a menos que se haya revocado previamente por escrito. Entiendo que como padre o tutor legal, seré responsable del costo de cualquier servicio o tratamiento proveído para mi hijo.

**AUTORIZACIÓN, CONSENTIMIENTO Y RELEVO** Por la presente certifico que mi niño está en buena salud y puede viajar a, y participar en todas las funciones del programa UCSF EDUCATIONAL TALENT SEARCH como descrito anteriormente. Yo soy el padre/tutor legal que tiene la custodia legal del joven miembro mencionado arriba como declarado en el Código de la familia sección 6550. Entiendo que es mi responsabilidad mantener la información en este formulario actualizada (incluyendo el historial de salud) comunicándome con la oficina o el personal del programa UCSF Educational Talent Search.

\_\_\_\_\_  
Firma del padre/tutor legal

Fecha

**NO DOY CONSENTIMIENTO** No deseo firmar esta autorización y entiendo que esto prohíbe que mi niño reciba cualquier atención médica que no ponga su vida en riesgo en caso de enfermedad o accidente.

\_\_\_\_\_  
Firma del padre/tutor legal

Fecha

La política de la universidad y la ley de prácticas de información del estado de California de 1977 requieren que la siguiente información sea proveída cuando se recoja su información personal: La información presentada en este formulario se recoge bajo autoridad de la ley Smith-Lever. La presentación de los datos médicos es voluntaria. Sin embargo, se requiere una firma en una de las dos líneas de firmas arriba. El no proporcionar la información médica y autorización puede resultar en nuestra inhabilidad de proporcionar tratamiento médico necesario. Usted tiene el derecho a revisar los registros de la universidad que contengan su información personal, con algunas excepciones como descritas adelante en la política y el estatuto. Copias de las políticas de la universidad pertenecientes a la colección, uso o relevo de los datos personales están disponibles para su examinación del director local UCSF del condado, el asesor del programa UCSF EDUCATIONAL TALENT SEARCH y del programa UCSF ETS.

collection, use, or release of personal data are available for your examination from the local UCSF County Director, UCSF EDUCATIONAL TALENT SEARCH Advisor, UCSF Educational Talent Search Program.

**Health History Information - Print all information clearly.** (PAGE SUBMITTED TO AND RETAINED BY THE EDUCATIONAL TALENT SEARCH PROGRAM) (please attach extra page if more space is needed)

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last Tetanus Vaccination:  Not Sure  None

Please check over-the-counter medications that may be administered:

Tylenol  Ibuprofen  Cough Syrup  Decongestant  Dramamine  Antacid  Polysporin  Hydrocortisone  Benadryl  Other:

Please describe if the participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being below:

Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
|                    |        |             |
|                    |        |             |
|                    |        |             |

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity. Note: in some cases, a doctor's note may be required to confirm the request.

|  | Yes | No |
|--|-----|----|
| Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?             |     |    |
| Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?                   |     |    |
| Would you like to share any significant life or family events that will help us support the youth's current emotional state? |     |    |

Please explain any "Yes" answers on this page.

**Información del historial de salud - Escriba toda la información claramente.** (PÁGINA PRESENTADA Y RETENIDA POR EL PROGRAMA EDUCATIONAL TALENT SEARCH) (Adjuntar página extra si se necesita más espacio.)

Nombre y Apellido del Estudiante \_\_\_\_\_ Fecha de nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

Fecha de la última vacuna contra el tétano:  no se sabe  ninguna

Por favor marque los medicamentos sin receta que se pueden administrar:

Tylenol  ibuprofeno  jarabe para la tos  descongestionante  dramamina  antiácido  polisporina  hidrocortisona  Benadryl  Otro:

Describa a continuación si el participante tiene alguna condición de salud que es importante que el personal del programa sepa para maximizar la participación y garantizar su seguridad y bienestar:

Por favor indique todos los medicamentos actuales:

| Nombre del medicamento | Dosis | Cuándo se lo toma |
|------------------------|-------|-------------------|
|                        |       |                   |
|                        |       |                   |
|                        |       |                   |

Por favor identifique cualquier **alergia**, incluyendo alergias a alimentos, medicamentos y reacciones a drogas:

Por favor incluya **cualquier observación adicional y las instrucciones especiales** para ayudar mejor al personal de servicio de emergencia.

Por favor indique cualquier ayuda adicional que el joven va a necesitar para participar en este programa o actividad. Favor notar: en algunos casos, puede requerirse una nota del médico para confirmar la solicitud.

|   | Sí | No |
|---|----|----|
| ¿Tiene el joven alguna dificultad emocional o de comportamiento actual que sería útil para nosotros saber?                                      |    |    |
| ¿Hay maneras que usted encuentra efectivas para responder a los estados de ánimo o sentimientos negativos del joven?                            |    |    |
| ¿Quiere compartir cualquier evento significativo en su vida o en la familia que nos pueda ayudar a apoyar el estado emocional actual del joven? |    |    |

Por favor explique las respuestas donde contestó "Sí" en esta página.

# Media Consent Form

Non-patient

## AUTHORIZATION AND CONSENT TO PHOTOGRAPH, VIDEO, PUBLISH AND RELEASE INFORMATION

I \_\_\_\_\_ (Print Student Name) give my consent to the University of California, San Francisco ("University") to photograph, film, videotape, audio record and/or use other means of capturing my image and/or voice, and to use it in various formats and for the purposes within UCSF's mission of research, education, patient care, and public service. Distribution methods may include, but are not limited to: media, printed materials, social media, websites, or in any other media now known or later developed for unrestricted purposes.

I understand that my identity may be revealed through the photographs, films, videos, and recordings and/or through the use of my name and voice. I understand that I will not have an opportunity to inspect and approve the video or photographs prior to their use, and that the University will be the owner(s) of the video and/or photographs. This authorization and consent will continue indefinitely or for the maximum duration permitted by applicable law.

I waive any right to compensation. I further release and forever discharge the University, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures or videos, including but not limited to any and all claims for injury, invasion of privacy, defamation, or infringement of copyright.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Indicate relationship:  Mother  Father  Guardian

Age of student: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness (name of person securing this form): Marvel Duran

Event and location: UCSF TRiO Educational Talent Search Program

Initial use/publication purpose of photo or video: UCSF TRiO Educational Talent Search Program



University of California  
San Francisco

# Formulario de Consentimiento de Tomar Fotos y Videos

No paciente

## AUTORIZACIÓN Y CONSENTIMIENTO PARA FOTOGRAFIAR, GRABAR EN VIDEO, PUBLICAR Y DIVULGAR INFORMACIÓN

Yo \_\_\_\_\_ (escribe el nombre del estudiante) doy mi consentimiento a la Universidad de California, San Francisco ("Universidad") para fotografiar filmar, grabar en video, grabar audio y/o usar otros medios para capturar mi imagen y/o voz y usarla en varios formatos y para los propósitos dentro la misión de investigación, educación, atención de pacientes y servicio público de UCSF. Los métodos de distribución pueden incluir: materiales impresos, redes sociales, sitios web o en cualquier otro medio ahora conocido o desarrollado posteriormente para fines no restringidos.

Entiendo que mi identidad puede ser revelada a través de fotografías, películas, videos y grabaciones y/ o el uso de mi nombre y voz. Entiendo que no tendré la oportunidad de inspeccionar y aprobar el video o las fotografías antes de su uso y que la Universidad será el (los) propietario(s) del video y/o las fotografías. Esta autorización y consentimiento continuarán indefinidamente o por la duración máxima permitida por la ley aplicable.

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