



DA VINCI  
**SCIENCE**  
CENTER™



## Visitor and Participant Media Consent Form

Name(s) of Visitor(s)/Participant(s) \_\_\_\_\_

Parent or Guardian Name (if visitor/participant is under the age of 18)  
\_\_\_\_\_

Address of Visitor(s)/Participant(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number of Visitor(s)/Participant(s) or Parent or Guardian \_\_\_\_\_

E-Mail Address of Visitor(s)/Participant(s) or Parent or Guardian \_\_\_\_\_

Please check one of the following choices and provide a signature below.

\_\_\_\_\_ **I hereby grant** The Da Vinci Discovery Center of Science and Technology, Inc., (or “Da Vinci Science Center”) and St. Luke’s University Health Network permission to use photographs, video, or audio of the visitor(s)/participant(s) indicated above in print, video, or internet marketing and communications materials at its discretion or to provide these materials to media companies.

\_\_\_\_\_ **I do not grant** The Da Vinci Discovery Center of Science and Technology, Inc., (or “Da Vinci Science Center”) and St. Luke’s University Health Network permission to use photographs, video, or audio of the visitor(s)/participant(s) indicated above in print, video, or internet marketing and communications materials at its discretion or to provide these materials to media companies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Staff Use** Event/Topic \_\_\_\_\_ Date \_\_\_\_\_