

## Media Release Agreement

Please read this release carefully before signing. If you have any questions or concerns, please contact the Goetheanum Studium office at [studium@goetheanum.ch](mailto:studium@goetheanum.ch).

I, , hereby grant the Goetheanum-Freie Hochschule für Geisteswissenschaft permission to capture and use my image in photographs or videos taken during the Anthroposophy Studies on Campus program for the purpose of promoting and showcasing the course and its participants.

I understand and agree that the photographs or videos may be used in various media platforms, including but not limited to, websites, social media channels, brochures, newsletters, and promotional materials. These materials aim to highlight the achievements, experiences, and success stories of participants in the Anthroposophy Studies on Campus.

I further understand that these materials may be viewed by a wide audience, including the general public, and may be shared or reproduced by others without limitation. However, the Goetheanum-Freie Hochschule für Geisteswissenschaft will make reasonable efforts to ensure that the photographs or videos are used responsibly and with respect to privacy.

I release the Goetheanum, its employees, representatives, and any third parties acting under its authority from any liability that may arise from the usage of the photographs or videos, including but not limited to any claims for payment or violation of privacy rights.

By signing below, I affirm that I am at least 18 years of age and have read and understood the above media photo release.

Place and date (d/m/y)

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Signature of the student

### Emergency Contact Form

#### Student Information

Name and Last name

Date of birth (d/m/y)

Course Start Date

#### 1. Primary Emergency Contact:

Name and Last name

Relationship to the student

Phone number

E-mail

#### 2. Secondary Emergency Contact (if applicable):

Name and Last name

Relationship to the student

Phone number

E-mail

#### Medical Conditions or Allergies (if any)

Please describe any medical conditions or allergies that you consider important for others to know, such as asthma, medication allergies, food allergies, or any other health-related concerns.

I acknowledge that the information provided is accurate and up to date. I understand the importance of promptly informing the department of any changes to this information.

Place and date (d/m/y)

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Signature of the student