

Form 0024 Bureaucracy

Express Participation Candidate Creation

For Office Use Only —
DO NOT WRITE IN THIS SPACE

Candidate Information				
Prefix	Last	First	Middle	Suffix

Signature — By signing here you affirm that all information on this form is true and accurate to the best of your knowledge	Date
	m m d d y y y y

Would you like to receive important announcements from Bureaucracy? (Optional)

Yes. Enter your email address here. No

Office Information — FOR EMPLOYEE USE ONLY

Identify Verification
Description:
 Candidate must present one valid form of photo identification in order to verify their identity for the purposes of participation in Bureaucracy. Valid forms of photo identification include but are not limited to: passport, driver's license, non-driver identification card, military identification card, and school identification card. Birth certificates, Social Security cards, or similar forms of identification that do *not* include photographs are *not* valid forms of identification for the purposes of participation in Bureaucracy. Other forms of photo identification *may* be accepted on a case by case basis with the approval of a supervisor.
Instructions to employee:
 Record type of valid photo identification for each piece of identification. DO NOT RECORD: issuing authority, date of issue, any and all identification numbers, any and all address information, any and all personal information about candidate (including but not limited to date of birth, place of birth), any and all biometric information about candidate (including but not limited to height, weight, eye color, hair color), and any and all other personal or identifying information about candidate.

Identification type

Passport Driver's License Non-driver identification Military identification School identification Other (please describe below and obtain supervisor approval)

Other description

Approved?	Date
<input type="radio"/> Yes <input type="radio"/> No (describe below)	m m d d y y y y

Justification

Supervisor ID Number	Group Number	Office Number

Candidate Approved?	Date
<input type="radio"/> Yes <input type="radio"/> No (describe below)	m m d d y y y y

Justification (check all that apply)

Required information missing/incomplete Required documentation missing/incomplete Other (describe below)

Participant Control Number	ID Number

Employee ID Number	Group Number	Office Number

Questions? Contact us at bureaucracy.info@gmail.com. Bureaucracy Form 0024|v1.1|04/10/2013

Detach here

Candidate Information				
Prefix	Last	First	Middle	Suffix

Administrative Information — STANDARD RELEASE

For valuable consideration received, I grant to Nicholas Hanna and Richard Wheeler, acting either as individuals or jointly, their employees, legal representatives, or assigns ("Bureaucracy") the absolute and irrevocable right and unrestricted permission concerning any materials that I produce as a part of my participation in "Bureaucracy" or that are produced through my participation, including but not limited to any and all printed forms, documents, letters, electronic communications such as email, text messages, IM or chat messages, or any and all other electronic communications now or hereafter known, photographs, film, video, audio that he/she has taken or may take of me or in which I may be included with others ("Materials"), to use, reuse, publish, and republish these Materials in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including art, illustration, promotion, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if he/she so chooses. I release and discharge Bureaucracy from any and all claims and demands that may arise out of or in connection with the use of these Materials, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Bureaucracy, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Signature	Date
	m m d d y y y y

Administrative Information — SAFETY AND HEALTH RELEASE

I, _____ ("Participant"), acknowledge that I have voluntarily applied to participate in the following performance of Bureaucracy ("Bureaucracy"), a work of art that includes but is not limited to graphic design, installation, performance, and participation ("Art").

I AM AWARE THAT ART MAY BE HAZARDOUS AND THAT I COULD BE DISTURBED OR INJURED. I VOLUNTARILY PARTICIPATE IN ART WITH KNOWLEDGE OF THE RISKS INVOLVED. I AGREE TO ASSUME ANY AND ALL RISKS OF MENTAL OR BODILY INJURY, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted by Bureaucracy, the State of California ("State"), the University of California ("University"), the University of California Los Angeles ("UCLA"), the Department of Design Media Arts ("DMA"), to participate in these activities and use Bureaucracy, State, University, UCLA, or DMA premises and facilities, I forever release Bureaucracy, the State, the University, UCLA, and DMA, their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BUREAUCRACY, THE STATE, THE UNIVERSITY, UCLA, AND DMA, AND SIGN IT OF MY OWN FREE WILL.

Signature	Date
	m m d d y y y y

Office Information — FOR EMPLOYEE USE ONLY

Prefix	Last	First	Middle	Suffix
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Employee ID Number	Group Number	Office Number

Signature	Date
	m m d d y y y y

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