

## **MINOR MULTIMEDIA RELEASE**

I/We hereby authorize the University of Pittsburgh, its officers, employees, agents and assigns to photograph, videotape, audiotape and/or otherwise record my/our child,

\_\_\_\_\_, (hereinafter collectively referred to as "Recordings"),  
(Name)

before, during and after his/her participation in **2017 The Pennsylvania Independent Living Youth Retreat**, at **The University of Pittsburgh's Johnstown Campus**, on **August 7-11, 2017**; to display my/our child's likeness on and in all such Recordings and to use such Recordings, and to use such Recordings, and such likeness, for the University's purposes at any time without notice to me or my/our child, in the sole discretion of the University.

I/We understand that I/we and my/our child shall not be entitled to any remuneration of any kind for any use of my/our child's likeness or the described Recordings.

I/We further understand and agree that the University of Pittsburgh shall have and retain all worldwide rights of ownership, distribution and use of the Recordings (in all forms, including without limitation, negatives, positives and other forms), and that any reproduction, distribution or use, at any time and in any way, commercial or otherwise, of all or any portion of the Recordings is subject to the University's prior written consent. I/We agree that I/we will assist the University, as needed, in registering intellectual property rights in any of the Recordings upon request.

I/We have read this entire Release, fully understand it and agree to be legally bound by it.

\_\_\_\_\_  
Youth Name (please print)

\_\_\_\_\_  
Releasor's Signature

\_\_\_\_\_  
Releasor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County

**\*\*\*Please complete 1 form per minor that is attending\*\*\***



# University of Pittsburgh

*School of Social Work  
Child Welfare Education and Research Programs  
The Pennsylvania Child Welfare Resource Center*

403 East Winding Hill Road  
Mechanicsburg, PA 17055  
717-795-9048  
Fax – 717-795-8013

## **RELEASE and AUTHORIZATION TO PARTICIPATE (for Minors)**

This is a legally-binding Release, Authorization, Waiver, Discharge and Covenant Not to Sue made by me/us, \_\_\_\_\_, [print full name(s) of parent(s)/guardian(s)] to the University of Pittsburgh – Of the Commonwealth System of Higher Education (University) and to others involved in planning and supervising the Annual Youth Retreat to be held August 7-11, 2017, at the University of Pittsburgh’s Johnstown campus in Johnstown, Pennsylvania.

It is my/our minor child’s desire to participate in the Annual Youth Retreat described above. I/We acknowledge that the Youth Retreat is planned so that on August 7 through August 11, 2017, my/our child will attend the Youth Retreat in Johnstown, PA, participate in various events such as educational activities, intramural sports, talent shows, dances, and meals at the site. I/We also understand that my/our child will be staying overnight on or about August 7 through August 11, 2017, on the University of Pittsburgh Johnstown campus. At the campus, there will be non-University of Pittsburgh chaperones who are child welfare agency representatives from their assigned counties. While a curfew will be imposed, and roll calls taken in the evening and morning, there may be periods where your child is not directly in contact with chaperones. My/our child may be rooming either with other youth in the program and/or chaperones. I/We fully recognize that there are dangers and risks to which \_\_\_\_\_ [minors name] may be exposed by voluntarily participating in the Youth Retreat.

I/We understand that participation in the events involves a variety of dangers and risks. Examples of such physical dangers and risks are injuries or conditions including, without limitation, muscle or ligament damage, lacerations, abrasions, contusion and fractures, heart attack, as well as other injuries or conditions, up to and including serious physical injury or impairment or loss of life. I/We appreciate the character of the risk taken and, on behalf of my/our child, voluntarily assume all risk of harm. I/We understand that the University does not require my/our child to participate in the Youth Retreat, but I/We want him/her to do so, despite the possible dangers and risks and despite this Release.

I/We therefore agree to assume and take on myself/ourselves all of the risks and responsibilities in any way associated with participation in the Youth Retreat. In consideration of and return for the opportunity to participate in the Youth Retreat and for the services, facilities, equipment or other things provided to me/us or my/our child by the University, I/WE HEREBY RELEASE THE UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, CONTRACTORS AND AGENTS (COLLECTIVELY THE "UNIVERSITY RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO HIS/HER PROPERTY, IN CONNECTION WITH PARTICIPATION IN THE YOUTH RETREAT. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY RELEASEES, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/We recognize that this Release means I/we are giving up, among other things, rights to sue the University Releases for injuries, damages or losses I/we may incur. I/We also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves.

Further, I/we agree to defend, indemnify and hold harmless the University

Releasees from and against any claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, by reason of any suit, claim, demand, judgment or cause of action, initiated by my/our child, or any other person, arising out of my/our child's participation in the Youth Retreat.

I/We assure the University that, to the best of my/our knowledge, information and belief, my/our child is physically able to participate in the Youth Retreat without any undue or unusual risk to harm/her or to others.

I/We have read this entire Release; I/we fully understand it and I/we agree to be legally bound by it.

Witness:

\_\_\_\_\_

THIS IS A RELEASE OF YOUR RIGHTS.  
READ CAREFULLY BEFORE SIGNING.

\_\_\_\_\_

Parent/Guardian's Printed Name

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Youth's Printed Name

\_\_\_\_\_

Youth's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

County

**2017 Independent Living Youth Retreat  
August 7-11, 2017**

**Health Information and Release Form for All Retreat Attendees**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Parent/Guardian Names (for youth only): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
History of Past Injuries: \_\_\_\_\_  
History of Serious Illness: \_\_\_\_\_  
Recent Operations: \_\_\_\_\_  
Date of Last Tetanus Immunization: \_\_\_\_\_  
Are Immunizations up to date: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

\*Please list additional medications, dosage and times on reverse.

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby give my permission to authorized staff to administer, as needed, the following medications unless there is a stated allergy listed above:

Tylenol, Advil, Benadryl, Throat Lozenges, Calamine lotion, Antibacterial cream, Tums/antacids

I hereby give my permission to the University of Pittsburgh and physicians of Western Pennsylvania area hospitals, or their authorized representatives to furnish such emergency medical care as my son or daughter may require, including examinations, treatment, medications and other medically necessary care. This permission is conditional upon the understanding that in the event of serious illness or the need for hospitalization and/or surgery, the physicians will use all reasonable efforts to contact me. Failure in such efforts, however, should not prevent the physician from providing such emergency treatment as may be necessary for the best interest of the life of my son or daughter.

All signatures requested:

\_\_\_\_\_  
(Parent/guardian/adult signature)

\_\_\_\_\_  
(Parent, guardian or witness signature)

\_\_\_\_\_  
(University of Pittsburgh staff member signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
County

*\*Note: This authorization must be signed by a parent or guardian if applicant is under 18 years of age.*

**\*\*\*Please complete 1 form for all retreat attendees that are attending\*\*\***

### Older Youth Retreat Expectations

- Attend the retreat with a positive attitude and willingness to participate.
- Pack appropriate attire:
  - Banquet - business casual
  - Swimming pool – appropriate bathing suits (if wearing a bikini you will need to wear a t-shirt over top of your suit that is not white).
  - In general, wear comfortable/athletic clothing (sneakers, shorts, t-shirts)
- Carefully read registration materials and ask questions if you don't understand.
- Show respect for others and their property.
- You are expected to attend all peer group sessions, activity sessions, and special events throughout the week.
- Be attentive to speakers and listen politely. Please make sure phones are off or on silent.
- Follow the retreat schedule at all times – be on time for all events.
- When in doubt, ask questions of your staff or the Retreat Steering Committee members.
- You are responsible for your personal belongings. It is best not to bring expensive or important property to campus.
- Be courteous to others in dorm residences and classroom buildings – we are not the only group on campus.
- Youth are expected to act in accordance with all local, state, and federal laws.
- Alcohol, drugs, and weapons are not permitted.
- No clothing promoting alcohol, drugs, or violence is permitted.
- Smoking for those of legal age is permitted on campus in designated areas away from building entrances.
- All staff attending the retreat are in a supervisory role and should be treated with the same respect you would treat your own staff.

I, \_\_\_\_\_ (print full name) have read, understand, and agree to abide by the expectations listed above.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date