

STAFF MULTIMEDIA RELEASE

I hereby authorize the University of Pittsburgh, its officers, employees, agents and assigns to photograph, videotape, audiotape and/or otherwise record me (hereinafter collectively referred to as "Recordings"), before, during and after my participation in **The 2017 Pennsylvania Independent Living Youth Retreat, at The University of Pittsburgh's Johnstown Campus on August 7-11, 2017** to display my likeness on and in all such Recordings and to use such Recordings, and such likeness, for the University's purposes at any time without notice to me, in the sole discretion of the University.

I understand that I shall not be entitled to any remuneration of any kind for any use of my likeness or the described Recordings.

I 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 agree that I will assist the University, as needed, in registering intellectual property rights in any of the Recordings upon request.

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

Releaser's Signature

Date

County

*****Please complete 1 form per staff 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 (Staff)

This is a legally-binding Release, Authorization, Waiver, Discharge and Covenant not to sue made by me, _____, [print full name] 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 desire to participate in the Annual Youth Retreat described above. I acknowledge that the Youth Retreat is planned so that on August 7 through August 11, 2017, I 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 also understand that I 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 I am not directly in contact with chaperones. I may be rooming either with other youth in the program and/or chaperones. I fully recognize that there are dangers and risks to which I may be exposed by voluntarily participating in the Youth Retreat. I 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 appreciate the character of the risk taken and voluntarily assume all risk of harm. I understand that the University does not require me to participate in the Youth Retreat, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself 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 by the University, I 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 ME, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO MY PROPERTY, IN CONNECTION WITH PARTICIPATION IN THE YOUTH RETREAT. I 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 recognize that this Release means I am giving up, among other things, rights to sue the University Releases for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as me.

Further, I agree to defend, indemnify and hold harmless the University Releases 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 me, or any other person, arising out of my participation in the Youth Retreat.

I assure the University that, to the best of my knowledge, information and belief, I am physically able to participate in the Youth Retreat without any undue or unusual risk to myself or to others.

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

THIS IS A RELEASE OF YOUR RIGHTS.

READ CAREFULLY BEFORE SIGNING.

Witness:

Staff's Printed Name

Staff'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*****