

Carnegie Mellon Program Release Form

In consideration for the benefits derived from participation in "Take Our Daughters and Sons to Work® Day" on April 24, 2014, I voluntarily, unconditionally, and irrevocably release and hold harmless Carnegie Mellon University, its trustees, officers, agents, and assigns from liability for any and all manner of claims, actions, or causes of action including bodily, or property loss arising from or related to my child's participation in this activity, on behalf of my child, myself, my heirs, executors, administrators, agents, and assigns, including but not limited to, claims of active or passive negligence.

Name of Student: _____

Name of Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (other than parent or guardian): _____ Phone: _____

Does this child have any chronic or acute medical problems? YES NO If yes, please explain: _____

List any allergies (food, medicines): _____

List any medication taken at present: _____

Names of people authorized to pick child up: _____

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in Take Our Daughters and Sons to Work® Day ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child's participation in the Program. In consideration of the benefits of my child's participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Carnegie Mellon University and/or its trustees, officers, employees, agents, assigns, or contractors arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child during my child's participation in the Program.

I give my permission to Carnegie Mellon University, its employees, agents, assigns, or contractors to secure medical treatment for my child in the event that such treatment is needed during my child's participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses or waivers and releases shall be deemed severable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Signature of Parent or Guardian

Date

IMAGE/NAME PERMISSION & RELEASE

Occasionally, Take Our Daughters and Sons to Work® Day staff members wish to photograph, videotape, or otherwise record the activities of Take Our Daughters and Sons to Work® Day students for the purpose of recording and promoting the Take Our Daughters and Sons to Work® Day Program. We also sometimes provide local newspapers with information about Take Our Daughters and Sons to Work® Day students, such as the student's name, grade, school district, and the name(s) of the Take Our Daughters and Sons to Work® Day course(s) the child is attending. Please indicate if you give us permission to use your child's image and name for such purposes by signing below:

I give permission for my child, as a participant in the Take Our Daughters and Sons to Work® Day Program to be videotaped, photographed or otherwise have his or her image and voice recorded, in connection with the Program. I give permission for Carnegie Mellon/Take Our Daughters and Sons to Work® Day to use said videotaped, photographed, and/or recorded materials in Take Our Daughters and Sons to Work® Day or university publications, or other publications, websites, CD's, DVD's, or other media, for publicity purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

I further grant permission for Carnegie Mellon/Take Our Daughters and Sons to Work® Day to provide local newspaper with information about my child.

Signature of Parent or Guardian

Date

Please print, sign and upload this form along with the registration or send to:

Susie Rush
Student Life Office
1060 Morewood Ave.