

## **TECH DIVAZ RELEASE FORM**

It is my/our child's desire to participate in the Technology Leadership Initiative (TLI)'s Tech Divaz Workshop at the University of Pittsburgh, Oakland Campus from June 13th - June 17th, 2016. I/We fully recognize that there are dangers and risks to which my/our child may be exposed to by voluntarily participating in TLI. We agree to assume and take on ourselves all of the risks and responsibilities in any way associated with participation in TLI. In consideration and return for the opportunities, services, facilities, equipment or other things provided to my child by the University and TLI, We hereby release TLI, the University and its Directors, Trustees, Officers, Partners, Employees and Students (collectively the "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 TLI. We understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Releasees, including but not limited to negligence, mistake or failure to supervise.

We recognize that this Release means we are giving up, among other things, rights to sue the Releasees for injuries, damages or losses my child incurs. We also understand that this Release binds our heirs, executors, administrators and assigns, as well as ourselves.

Further, we agree to defend, indemnify and hold harmless the 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 child's participation in TLI.

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

I/we hereby grant our permission for the staff and designated employees of the University of Pittsburgh's Technology Leadership Initiative to transport my son/daughter from the University of Pittsburgh campus for the purposes of project activities (career, social, academic, cultural or other related to the program).

I/we also agree to release staff and employees of the Technology Leadership Institute and the University of Pittsburgh from any liability for my son/daughter in the event of an accident or personal injury. I/we give permission to secure professional



emergency treatment for my son/daughter in case of illness or an accident while participating in the Technology Leadership Initiative. This provision only includes transportation and authorization of needed medical services as determined by certified treatment providers. It is the student's responsibility to have their medical insurance information available to receive treatment from hospitals or other emergency medical service providers.

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

**PLEASE READ CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature