

#### UNDERSTANDING AND RELEASE OF LIABILITY Western PA ARML

**Adult Participant Name** \_\_\_\_\_

**Introduction.** I want to participate in the Western PA ARML (the “Program”) at Carnegie Mellon University (“CMU”). Program activities may include and are not limited to: math learning opportunities, hands-on tutoring and activities designed to increase interest in math, and/or mathematics competitions (collectively, “Program Activities”). I understand that Program Activities may be suspended, terminated or shifted to a different format (e.g., in-person to remote or hybrid) for various reasons or circumstances in CMU’s sole discretion.

**Remote Programming.** For remote Program Activities, I understand that I need a computer and Internet connection and may need a CMU Andrew computer account. Andrew account holders may not give out their passwords or allow anyone else to use their account and must comply with all CMU guidelines found at: <https://www.cmu.edu/computing/services/security/identity-access/account/andrewaccount.html>. Remote Program Activities are not open to persons residing or ordinarily resident in Cuba, Iran, North Korea, Syria, the Crimea, Donetsk, and Luhansk regions of Ukraine and/or other countries/regions prohibited by law.

**Medical Treatment Authorization.** If I require emergency medical treatment, in CMU’s sole discretion, I authorize CMU to secure such treatment and I agree to be financially responsible for any resulting bills.

**Photo/AV Permission.** I give permission for CMU (or someone acting on CMU’s behalf) to take photos or make audiovisual recordings of me in connection with the Program, to use the resulting recordings for archival, educational and promotional purposes, and to share them with news media and current or potential funding partners. If I supply CMU with photos, videos or other materials containing my image or voice, I give CMU permission to use such materials in the same manner.

**Transportation.** Unless otherwise specifically indicated in Program materials, CMU is not responsible for providing transportation in connection with the Program.

**Release of Liability.** In consideration of the opportunity to participate in the Program, I hereby, on behalf of myself and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue CMU and/or anyone acting on behalf of CMU, from and for any and all liability for injuries, damages, claims, demands, actions and causes of action, arising from or connected with my participation in the Program and/or Program Activities, including transportation related to the Program and the securing of or failure to secure medical treatment.

The laws of Pennsylvania shall apply to this document. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I am signing this document voluntarily, having read and understood it and intending to be legally bound by it. I am an adult 18 years of age or older.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Participant Name

#### Emergency Contacts:

\_\_\_\_\_  
Emergency Contact Name

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

\_\_\_\_\_  
Secondary Emergency Contact Name

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

#### Medical Information:

\_\_\_\_\_  
Physician Name

Phone: \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Carrier

Does Participant have any food allergies or other allergies? Please list:

\_\_\_\_\_  
\_\_\_\_\_

Does Participant have any medical conditions that should be noted? Please identify and explain:

\_\_\_\_\_  
\_\_\_\_\_