

## UNDERSTANDING AND RELEASE OF LIABILITY

### Western PA ARML Team

**Minor Participant Name** \_\_\_\_\_

**Introduction.** I want my minor child to participate in the Western PA ARML Team (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) due to COVID-19 or other circumstances, in CMU’s sole discretion. I understand that my child will be required to comply with any COVID-19 mitigation policies in effect during the course of the Program.

**Remote Programming.** For remote Program Activities, I understand that my minor child needs 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 residents of Cuba, Iran, North Korea, Syria or the Crimea region of Ukraine.

**Medical Treatment Authorization.** If my minor child requires 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 my minor child 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 or my minor child supplies CMU with photos, videos or other materials containing my minor child’s image or voice, I give CMU permission to use such materials in the same manner.

**Transportation.** Unless otherwise specifically indicated in Program materials, parent(s)/guardian(s) are responsible for providing all transportation in connection with the Program.

**COPPA Parent/Guardian Notice and Consent – This provision is applicable only to participants under the age of 13.** In compliance with the Children’s Online Privacy Protection Act (“COPPA”), parents/guardians of children under 13 years of age must give verifiable consent to the collection, use and disclosure of their minor child’s personal information collected by the Program on the Program’s web site. The Program will or may collect the following personal information about your minor child: name, mailing address, phone number, email address, date of birth, online identifiers, IP address photo, video, or audio files containing your child’s image or voice. In addition, the Program will or may collect the following information about you: name, address, phone number, email address. The Program will use this information to administer, operate and promote the program. The Program’s Privacy Policy is available at [www.cmu.edu/legal/](http://www.cmu.edu/legal/). By signing below, you consent to collection, use and disclosure of your minor child’s personal information (and your personal information) for the purpose described herein.

**Release of Liability.** In consideration of the opportunity for my minor child to participate in the Program, I hereby, on behalf of myself and my minor child and those acting on our 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 minor child's participation in the Program and/or Program Activities, including transportation related to the Program; the risk of contracting COVID-19, which is spread by interpersonal contact; 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 the parent/guardian of the minor named above. I am signing this document voluntarily, having read and understood it and intending to be legally bound by it.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Print Parent/Guardian Name

#### Emergency Contacts:

\_\_\_\_\_  
Parent/Guardian Name  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Other Emergency Contact Name  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

#### Medical Information:

\_\_\_\_\_  
Physician Name  
Phone: \_\_\_\_\_

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

Does minor participant have any food allergies or other allergies? Please list:

\_\_\_\_\_

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

\_\_\_\_\_

#### People Authorized to Pick up/Transport Minor Participant:

Name(s) and contact information of people authorized to pick up minor participant:

\_\_\_\_\_

