RELEASE OF LIABILITY - Please read carefully before signing.

SIGNATURE OF PARENT/GUARDIAN is ***REQUIRED*** if participant is 17 years old or younger.

This is a legally binding Release made by,_____and_____
(Print full name of parent) (Print full name of parent)
to UPMC Hamot, UPMC Health System, any other controlled or owned subsidiary of UPMC Health System, their directors, officers, employees, agents and contractors. (Collectively, the Released Parties).

I/We recognize and understand that my/our child_____desires to
(Print full name of child)
participate in the a Job Shadow Day on _____ which will consist of one or more of the following activities: Providing an opportunity for a student(s) to "shadow" an employee and participate in workplace activities at our facility; provide an opportunity for a small group of students to tour our facility; and/or speak to a group of students about UPMC Hamot employment positions within the organization. I/We understand that UPMC Hamot, UPMC Health System, and any other Released Parties do not require my/our child to participate in these activities. However, we are willing to have my/our child participate despite the possible dangers and risks as set forth herein.

I/We fully recognize that there are dangers and risks to which my/our child may be exposed by participating in any or all of these activities, either directly by way of my/our child's own actions or by the actions of others, including but not limited to injuries or conditions such as lacerations, abrasions, contusions and fractures, dental damage, brain injuries, as well as other injuries up to and including loss of life. I/We authorize our child's participation in the activities with full appreciation of the adherent risks and the release of liability provided herein.

I/We agree to assume all of the risks and responsibilities in any way associated with these activities. In consideration of and return for the services provided to me/us by UPMC Hamot, UPMC Health System, and the Released Parties, I/we hereby release each and all of the them from any and all liability, claims and actions that may arise from injury or harm to my/our child or from damage to his/her property, in connection with these activities. I/We understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of UPMC Hamot, UPMC Health System, or any of the Released Parties, including but not limited to negligence, mistake or failure to supervise by UPMC Hamot, UPMC Health System, or any other Released Parties.

I/We understand that this Release means I/we am/are giving up, among other things, the right to sue UPMC Hamot, UPMC Health System, or any other Released Party for injuries, damages or losses my child or I/we may incur. I/We also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves. Further, I/we agree to defend, indemnify and hold harmless UPMC Hamot, UPMC Health System, and any other Released Parties 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, judgement or cause of action initiated by or on behalf of
_____
(Child's name)
arising out of or in connection with _____'s participation in these activities. I/We
(Child's name)
further represent that to the best of my/our knowledge, information and belief, my/our child is physically able to participate in the above-described activities, without any undue or unusual risk to him/her or to others.

I/We have read this entire Release. I/We fully understand it and I/we intend to be legally bound by it.

_____	_____	_____
Releasor's Signature	Releasor's Signature	Date