

**PARTICIPANT WAIVER AND RELEASE FOR**  
**2019 PITTSBURGH FAMILY SPORTS CLINIC**

NAME of Parent/Guardian: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME(S) of Participating Minor Child(ren), and AGE(S) as of date of Clinic (June 29, 2019):

1. \_\_\_\_\_ AGE: \_\_\_\_\_

2. \_\_\_\_\_ AGE: \_\_\_\_\_

3. \_\_\_\_\_ AGE: \_\_\_\_\_

**I HEREBY AGREE, FOR MYSELF AND FOR EACH OF THE MINOR CHILDREN NAMED ABOVE, AS FOLLOWS:**

I am the parent and/or legal guardian of each of the minor children named above. I, and each of the minor children named above, wish to participate in the Pittsburgh Family Sports Clinic to be held June 29, 2019, at the UPMC Rooney Sports Complex in Pittsburgh.

**Waiver and Release of Liability**

I understand and agree that participation in this Family Sports Clinic necessarily involves the risk of harm, including the risk of bodily injury to both adults and children. For myself and for each of the minor children named above, I voluntarily assume the risks of all such potential harms caused by or related in any way to participation in the Family Sports Clinic. I am aware of the general physical demands of the Family Sports Clinic, and I affirm that neither I nor any of the minor children named above has any medical condition that would prevent us from participating safely in the Family Sports Clinic.

For myself and each of the minor children named above, and for my/their heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge each of the following listed entities (collectively, the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or relating to any loss, damage, or injury of any nature, including personal physical injury or other personal harms, suffered by me or any of the minor children named above in connection with or during this Family Sports Clinic:

- UPMC, UPMC Sports Medicine, and their respective parents, subsidiaries, affiliates, employees, officers, directors, volunteers, and agents; and

- The University of Pittsburgh, and its directors, trustees, officers, partners, principals, employees, students, contractors, volunteers, and agents; and
- Pittsburgh Steelers LLC, the National Football League and its member clubs, as well as their respective parents, subsidiaries, affiliates, employees, officers, directors, volunteers, managers, shareholders, members, agents and representatives.

I understand and agree, for myself and for each of the minor children named above, that this Waiver and Release covers all liability, claims, and actions arising from or relating to any acts or failures to act of the Released Parties, including but not limited to negligence, mistake, or failure to supervise.

**Photo Authorization**

I hereby authorize UPMC, the University of Pittsburgh, and/or the Pittsburgh Steelers to photograph (still photo, film, videotape, or digital imagery/video) or record (audiotape or digital) me and/or any of the participating minor children named above, during and/or regarding our participation in this Family Sports Clinic.

I understand that UPMC, the University of Pittsburgh, and the Pittsburgh Steelers will have all legal rights to such photography/recording(s), and that I give up any and all rights to these organizations, and will not receive any payment or compensation in connection with the photography/recording(s) now or in the future. I understand the photography/recording(s), as well as my name (but not the names of my participating minor children), may be used for publicity, education, public information, or paid advertising by UPMC, the University of Pittsburgh, and/or the Pittsburgh Steelers, including but not limited to appearing on the websites of any of these organizations. I hereby release and discharge UPMC, the University of Pittsburgh, Pittsburgh Steelers LLC, and their respective parents, subsidiaries, affiliates, employees, officers, directors, trustees, managers, members, volunteers, shareholders, agents, and representatives from any claims, liability, or actions caused by or related to the use of such photography/recording(s) as provided herein.

**Emergency Medical Treatment**

In the event of a medical emergency arising during the Family Sports Clinic, I hereby authorize UPMC to administer any and all medical treatment it deems necessary to me and/or to any of the minor children named above.

**AGREED TO AND INTENDING TO BE LEGALLY BOUND:**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date