

2018-19 Western PA American Regions Mathematics League Team

Understanding, Assumption of Risk & Release

Please read the following document carefully before you sign it to signify that you understand and accept all its terms and conditions. Please make a copy of this document for your records.

Introduction. I want to participate in the Western PA ARML Team (the “Team”) at Carnegie Mellon University (“CMU”). Team activities may include, but are not limited to, math exercises, competitions and trips (collectively “Team Activities”). During the 2018-19 season, Western PA ARML plans to attend competitions at Penn State University (“Penn State”) in State College PA, at Princeton University (“Princeton”) in Princeton, NJ and at Harvard University (“Harvard”) in Cambridge, MA.

Permission to Use Name and Image. I give permission for Western PA ARML (or someone acting on their behalf) to take photos and/or make audiovisual recordings me and to use the recordings (and my name) for educational and promotional purposes in print and on the Internet. I give permission for Western PA ARML to provide news organizations with information about me, such as my name, grade, and school district.

Third Parties. I understand that third parties such as Penn State, Princeton, and/or Harvard may have their own permission forms and similar documents, which I and/or my parents may be required to sign to participate in Team Activities.

Medical Treatment Authorization. If I require emergency medical treatment while on CMU’s premises or while participating in Team Activities, I authorize Western PA ARML and/or CMU to secure such treatment and I agree to be financially responsible for any resulting bills.

Safety, Conduct and General Expectations. I am familiar with ARML Code of Conduct Policy located at: http://www.arml2.com/arml_2017/page/index.php?page_type=public&page=home and agree to conduct myself accordingly.

Assumption of Risk. I understand that Team Activities such as long-distance travel to competitions may be hazardous and may pose the risk of injury, disability or death. I voluntarily assume any and all risks connected to the Team Activities.

Release of Liability and Promise Not to Sue. In consideration of the opportunity to participate in Team Activities, I hereby, on behalf of myself and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue (i) Western PA ARML; (ii) CMU and/or (iii) anyone acting on behalf of Western PA ARML and/or 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 Team and/or Team Activities, including transportation and medical treatment.

Applicable Law, Severability, Entire Agreement. 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. This document contains the entire agreement relating to the subject matter hereof, superseding all previous agreements, oral or written.

Intent to be Legally Bound. I am an adult (18 or older) OR I am under 18 and my parent/guardian is co-signing this document. I am signing it voluntarily. I have read it and understand it. I intend to be legally bound by it.

Team Member Signature

Date

Print Team Member Name

Team Member Date of Birth

Address _____

Home Phone _____

Cell Phone _____

Email _____

Team member school _____

Team member grade _____

I'm allowed to use the following transportation methods to travel to and from Carnegie Mellon University (***check all that apply***):

_____ transportation with parents only

_____ transportation with other adult

_____ public transportation

_____ walking

IF TEAM MEMBER IS UNDER 18, A PARENT/GUARDIAN MUST CO-SIGN BELOW.

I am the parent/guardian of the Team member named above. I want my minor son/daughter to participate in the Western PA ARML Team. I have read this document agree to all its provisions on behalf of myself and my son/daughter. I give permission for my son/daughter to participate in Team Activities, including competition and travel

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Address _____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contacts

Team Member Name: _____

Parent/Guardian 1 Name
Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian 2 Name
Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Other Local Emergency Contact Name
Address: _____

Relationship to Team Member

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Medical Information

Physician Name
Address: _____

Phone: _____

Email: _____

Medical Insurance Carrier
Policy No.: _____

Does Team member have any allergies? Please list: _____

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