

YOUTH PROGRAM WAIVER, RELEASE OF LIABILITY, AND WAIVER FOR USE OF INFORMATION AND PHOTOGRAPHS

In consideration of ____ (Name of Minor) _____ ("Youth") being permitted to participate in a Youth Program at UMB ("Program") and by signing below, I represent that I understand and agree with all of the following:

1. I understand participating in the Program at UMB involves risks to the Youth which may include exposure to potentially hazardous equipment, chemicals, microbes, infectious organisms, communicable diseases, medical waste, pathogens, laboratory animals, radioactive material, and the risk of accidents and injuries, such as a slip-and-fall, trips or bumps.
2. I understand UMB will provide safety training, orientation and supervision for the Program. At UMB's sole discretion, UMB retains the right to end the Youth's participation in the Program, or to deny the Youth's access to UMB facilities at any time, for failure to comply with supervision or the requirements of the Program or UMB policies and procedures.
3. I understand Youth will not be permitted to remain in UMB facilities after normal Program hours and I will ensure Youth do not remain at UMB during unauthorized hours.
4. I am responsible for health and hospitalization coverage of the Youth throughout their time in the Program. While the Youth is engaged in the Program, I authorize UMB personnel to obtain emergency care for the Youth in the event necessary or advisable. UMB assumes no financial responsibility for the Youth's health care or treatment.
5. I understand the Youth's participation in the Program shall not create an employment relationship between UMB and the Youth. [The Youth shall receive no stipend or benefit from UMB for my activities. OR I understand Youth ages 14 - 17 who will be compensated, must have a completed work permit on file with UMB prior to beginning the Program.]
6. I have consulted with a medical doctor with regard to the Youth's medical needs. I certify to UMB that there are no relevant health risks or limitations which preclude or restrict the Youth's ability to participate in the Program.
7. If the Youth requires reasonable accommodation for a disability in order to participate in the Program, I will provide in writing necessary information about the Youth's relevant limitations due to a disability and supporting documentation to the UMB Youth Program Administrator or Minors Liaison at least 20 business days in advance of the Program to allow compliance with UMB's procedures.
8. I will provide proof of age and health insurance for the Youth and proof of identity for myself and the Youth prior to the start of the Program.

PHOTO, VIDEO, AND LIKENESS RELEASE (NON-COMMERCIAL)

- ☐ I hereby grant permission to the University of Maryland, Baltimore (UMB) to reproduce and use my picture, portrait, likeness, or voice in connection with the production of a video, photograph, article, audio recording, or any other communication media for any and all public relations, communications, and educational purposes the University deems necessary to further its goals of teaching, service, research and recruitment.

I hereby waive all rights to privacy or compensation that I may have in connection with the use of the above-mentioned material for any of the said purposes. Further, I hereby waive my right to inspect or approve the finished product and I discharge the Board of Regents, the University of Maryland, UMB, officers, agents, servants and employees of the foregoing from payment of royalties and from any demand, claim, suit, or liability including but not limited to, claims for libel, defamation, or invasion of privacy, resulting from my participation and use of the above-mentioned material(s).

I understand the above statement. Participation is voluntary, and consent is given in support of higher education.

OR

- ☐ I do not consent to the use of my picture, portrait, likeness, or voice in connection with the production of a video, photograph, article, audio recording, or any other communication media for any and all public relations, communications, and educational purposes.

I am at least 18 years old. I am legally empowered to sign this Waiver and Release of Liability **and Waiver for Use of Information and Photographs** on behalf of the Youth. Knowing the risks described above, and in consideration of the Youth being permitted to participate in the Program at UMB, I freely and voluntarily agree to comply and ensure compliance by the Youth with this agreement. I understand that signing this form is not required by law. If I chose not to sign this form, Youth will not be allowed to participate in the Program. I assume the risks and responsibilities on behalf of the Youth. I hereby release, waive, discharge, and covenant not to sue University of Maryland, Baltimore, the University System of Maryland, the State of Maryland, their governing boards, officers, employees, agents, volunteers, and representatives (collectively, the "Released Parties") from any and all claims, demands, actions, or causes of action arising out of or related to my participation, including travel, whether caused by the negligence of the Released Parties or otherwise. I further agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost, including attorneys' fees, arising out of my participation in the Activity. I agree that the Released Parties are third-party beneficiaries of this Agreement and may bring suit to uphold its provisions.

PARTICIPANT ACKNOWLEDGMENT

I have read and understand this Agreement. I acknowledge that this document is a release of liability, a waiver of legal rights, a waiver for use of information and photographs, and I sign it voluntarily.

Minor Participant Signature: _____

Minor Printed Name: _____

Date: _____

PARENT OR LEGAL GUARDIAN CONSENT FOR MINOR PARTICIPANTS

I am the parent or legal guardian of the minor named above ("Youth"). I give permission for the Youth to participate in the Activity and agree on behalf of myself and the Youth to all terms of this Agreement.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Relationship to Minor: _____