

THE PITTSBURGH PROJECT BALLFIELD FARM VOLUNTEERS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Email: _____ @ _____

Been here before? Y N _____ When? _____

Please list any allergies or special medical concerns: _____

Consent and Release from Liability

1. 18 Years or Older:

I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that I may sustain during my volunteer work with The Project. In case of illness or injury, and in the event that I am unable to respond, I authorize staff members of The Pittsburgh Project to arrange emergency medical treatment or surgery by a licensed physician or hospital. I authorize The Pittsburgh Project to take and use photographs and/or digital images of me for use in electronic and/or printed news releases and/or promotional materials.

Printed Name: _____

Signature: _____ Date: _____

OR

2. Younger than 18 Years: Must have consent from Guardian

Parent/Guardian: My signature indicates that _____ has ongoing permission to participate at The Pittsburgh Project as a volunteer and indicates that, in the event of an emergency and in the event that (1) a parent/legal guardian cannot be reached; or (2) immediate attention is necessary, I consent to have The Pittsburgh Project staff/leaders act in my behalf and I hereby grant permission for emergency treatment to be administered for my child until a parent/legal guardian can be reached. I understand the risks involved in my child's physical service and agree not to

hold The Pittsburgh Project or any staff/leaders liable for any harm resulting from my child's service or for decisions made in good faith or for any emergency medical treatment made under this authorization. I authorize The Pittsburgh Project to take and use photographs and/or digital images of my child for use in electronic and/or printed news releases and/or promotional materials.

Printed Name: _____

Signature: _____ Date: _____

In case of emergency, call: _____ Phone: _____

Photo Release

I grant to The Pittsburgh Project and fellow Ballfield Farm members, the right to take photographs of my family and me during farm activities. I authorize The Pittsburgh Project and Ballfield Farm, its assignees and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that The Pittsburgh Project and Ballfield Farm may use such photographs of my family and me, **using only first names for adults, and without name identification for minors**, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content (email, social media, websites, etc.).

I have read and understand the above:

Printed Name: _____

Signature: _____ Date: _____

Name(s) of all parties affected (including minors) _____

Please initial below if you do not want photographs of yourself or minor children used for any The Pittsburgh Project or Ballfield Farm purposes.

_____ Do not include photographs of me.

_____ Do not include photographs of my minor children (list names of children below).