



## **CONDITIONS OF PARTICIPATION AGREEMENT**

**All participants must complete these forms in order to attend the program.**

Name of Program(s) Attending: ☐ Screenwriting Camp ☐ Camp Hollywood ☐ Sound Camp  
☐ 2D, & 3D and/ or Traditional Animation Camp

Name of Participant: \_\_\_\_\_

☐ **Check Here if Participant is a Minor** (if under 18 years of age at the start of any program the student is enrolled in above) (hereinafter “Minor”):

Name of Person Giving Release for Minor (“Guardian”):  
\_\_\_\_\_

Guardian’s Relationship to Minor (**circle one**): Father / Mother / Legal Guardian

### **I. PROGRAM**

**Screenwriting Camp** is a one-week workshop where you will learn the elements of storytelling, find your voice as a writer and create your own scripts, as well as learn what it takes to work as a team of writers to develop a television spec script of some of the hottest shows out there. At the end of the course, you’ll have completed a short script, have the tools to uncover the mysteries of storytelling, and a collection of exercises to jump-start your creativity.

**Camp Hollywood** is a two week workshop designed to teach you the essentials of how to make a great movie. You’ll write, direct and edit your own short film. You’ll also work on the crew of several of your classmates’ movies. You’ll learn how to operate the Panasonic HVX-200 HD digital video camera and how to use and optimize Adobe Premiere editing software to polish your production. At the end of the camp, all the films will be screened at a mini-film festival.

**Animation Camp (2D and 3D)** is a workshop that explores the art of illustration, animation, and the creation of worlds for the characters you imagine. Using Toon Boom and Adobe Creative Suites, students will develop characters, learn the concepts and techniques of animation, and watch the world of their imaginations come to life. They will develop their cartooning skills and learn the storyboarding process. Believable movement will be created by studying momentum and observing actual motion.

**Sound Camp** is a five-day workshop that introduces students to the fundamentals of sound, audio recording and sound design for film. Working with Avid Protools, the week-long class teaches acoustics, proper microphone skills, multitrack recording, and sound design for film and video. In Point Park’s State-of-the-Art recording suite, students will participate in recording a music artist, as well as recording dialog and sound effects for a scene from a film.

**Please note: Some examples and films used in the class may include R-rated material.**

In addition to the curriculum, Participants may participate in other extra-curricular activities, including, but not limited to, visits to museums, movies, theatrical performances, sightseeing, lunches or dinners at nearby restaurants and any other related or substitute travel for the purpose of education, social service or other experience (collectively “Related Functions”). **The Program and Related Functions shall collectively be referred to hereinafter as the “Program.”**

**Please read this document, including exhibits, carefully and, if you understand and consent to the conditions set forth herein, please initial, sign and date in the appropriate locations. Every applicable section must be completed.**

## **II. CONSENT FOR MINOR’S FULL PARTICIPATION IN PROGRAM**

By initialing below Guardian gives his/her permission for Minor to participate in the Program’s Related Functions, including, but not limited to, visits to museums, movies that may be R rated, theatrical performances, sightseeing trips, lunches or dinners at nearby restaurants and any other related or substitute travel to and from the destinations.

\_\_\_\_\_ (initial here)

## **III. CONSENT TO FULLY RELEASE POINT PARK UNIVERSITY FROM CLAIMS**

### **DISCLAIMER**

I understand and acknowledge that Point Park University, its principals, directors, officers, agents, employees, members and volunteers (the “University”) are not responsible for any injury, death, loss, theft, or damage sustained by me/Minor while participating in the Program, however caused, including by the negligence of the University.

### **ACKNOWLEDGMENT OF RISKS**

I acknowledge that I have reviewed the Program(s), checked above, its curriculum and Related Functions, the physical environment and conditions under which the Program will be conducted and this Conditions of Participation Agreement and understand and approve the anticipated activities of Participants in the Program.

\_\_\_\_\_ (initial here)

### **ASSUMPTION OF RISKS**

In recognition of the inherent risks of which I/Minor will engage in, I voluntarily assume the risk by choosing to participate in the Program or by allowing Minor to participate in the Program. I understand that the University does not assume any risk or liability due to my/Minor's participation in the Program. These risks include, but are not limited to, the following:

1. The risks associated with travel to and from location(s) to be visited during the Program, including transportation provided by commercial, private and/or public means, including, but not limited to, airplanes, buses, taxicabs, and limousines.

\_\_\_\_\_ (initial here)

2. Theft or loss of personal property during the Program or any Program related travel.

\_\_\_\_\_ (initial here)

## INDEMNIFICATION AND RELEASE OF LIABILITY

I voluntarily consent to participate in the Program/voluntarily allow Minor to participate in the Program. In consideration of the University's acceptance of my/Minor's participation in the Program, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with, or related to my/Minor's participation in the Program, even though such risks may be or may have been caused by the negligence of the University. This assumption and acceptance of all risks includes, without limitation, any medical expenses that I/Minor may incur as a result of my/Minor's personal injury or illness.

\_\_\_\_\_ (initial here)

2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE** which I/Minor might sustain while participating in the Program even though such injury, loss, or damage may have been caused by negligence of the University.

\_\_\_\_\_ (initial here)

3. **TO REMISE, RELEASE AND FOREVER DISCHARGE** the University, its principals, directors, officers, agents, employees, members and volunteers, and each and every land owner, municipal and/or government agency upon whose property the Program is conducted, from all liability, actions, causes of action, suits, judgments, claims and demands and **FOREVER WAIVE** any claim for damage arising from any cause whatsoever even though such liability, actions, causes of action, suits, judgments, claims and demands may have been caused by the negligence of the University and/or its principals, directors, officers, agents employees and volunteers.

\_\_\_\_\_ (initial here)

## IV. PUBLIC RELATIONS/PROMOTIONAL

1. The University, on occasion, provides Participant names and other information to local U.S. media. By participating in the Program, you agree that the University may provide your/Minor's information to local U.S. media.

2. Subsequent to the completion of the Program, the University may use photographs or videos taken of you/Minor in public places during the Program for promotional purposes. By participating in the Program, you agree to the release of your/Minor's images to the University.

\_\_\_\_\_ (initial here)

**If you object to the University using any of the above information, photographs or video, you must state your objection in writing and mail it, along with other requested information, to:**

International Summer Dance Office  
Point Park University  
201 Wood Street - Pittsburgh, PA 15222-1984

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### **ACKNOWLEDGEMENT**

I have carefully read the above document, including the language set forth in the sections entitled “program” and “consent to fully release Point Park University from claims” AND the SUBSECTIONS ENTITLED “disclaimer,” “acknowledgment of risks,” “assumption of risks,” and “indemnification and release of liability” and fully recognize and understand the terms, conditions and risks set forth in these sections and subsections.

I am signing this agreement freely and voluntarily, with the intent to be legally bound, and that I intend my initial below and/or my signature at the end of this document to be a complete and unconditional release of liability for any and all negligent actions of the University and that I am giving up my right to sue the University for negligence. I understand that, if the terms of this agreement are unacceptable to me, I should not participate or allow Minor to participate, and I/Minor will not be permitted to participate, in the program.

Important – by signing below, you acknowledge and agree that you have read the entire conditions of participation agreement, including exhibits and/or discussed the entire conditions of participation with minor, including exhibits, and that you/minor understand the terms and conditions set forth herein.

Name of Participant: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Signature of Participant or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_month/day/year

EXHIBIT A



**INFORMATION TECHNOLOGY**  
(Waiver for computer usage and wireless access or Wi-Fi)  
**CONDITIONS OF USE AND CONSENT AGREEMENT**

**All Programs:** Screenwriting Camp, Camp Hollywood, Animation Camps and Sound Camp

**Name of Guardian (circle one: Father/ Mother/ Legal Guardian):**

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**Name of Participant/Minor (Please Print):**

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**IMPORTANT INFORMATION**

The purpose of this Conditions of Use and Consent Agreement (“Agreement”) is to make me/Guardian aware that the University, as an institution of higher learning committed to academic freedom, does not block access to websites that may be considered objectionable to me/Minor.

Participants may access the internet by using the computers and network (“Network Access”) in the University's computer labs (“Information Technology Resources”) or by using devices such as iPhones, iPads, Smartphones, laptops, notebooks, etc, (collectively “Personal Devices”) and wireless network access provided by the University or others in certain University facilities or by private carriers (collectively “Wireless Access”).

Participants and Guardians are cautioned that because Wireless Access is available to everyone on campus in certain public locations and through carrier-specific networks used in conjunction with Personal Devices, the University cannot under any circumstances restrict Wireless Access and, therefore, cannot prevent me/Minor from Wireless Access of sites that may be objectionable to me/Minor. **The use of Information Technology Resources, Personal Devices, Internet Access, and Wireless Access are collectively referred to hereinafter as Information Technology.**

**CONSENT TO FULLY RELEASE POINT PARK UNIVERSITY FROM CLAIMS**

**DISCLAIMER**

I understand and acknowledge that the University, its principals, directors, officers, agents, employees, members and volunteers (collectively, as previously defined, the “University”) are not responsible for any injury, loss, or damage sustained by me/Minor while using the Information Technology.

## ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I acknowledge that I understand the possible risks, dangers, and hazards associated with my/Minor's use of the Information Technology. These risks include but are not limited to the following:

- a) The risks that the downloaded or accessed site and or materials may be offensive, objectionable, sexually explicit, violent or otherwise shocking.
- b) The risks that the Participant may access social network sites, chat rooms, and other internet sites and, through this access, provide information to or come in contact with sexual predators, pedophiles, pornographers, and others engaged in illegal and/or objectionable activity.

\_\_\_\_\_ (Initial here)

I voluntarily assume the risk to me/Minor by choosing to allow my/Minor's participation in the Program and use the Information Technology. I understand that the University does not assume any risk or liability due to my/Minor's participation in the Program and use of the Information Technology and further agree and understand that the University is not responsible for material viewed or downloaded by me/Minor on the Devices used or viewed by me/Minor or another individual.

\_\_\_\_\_ (Initial here)

## INDEMNIFICATION AND RELEASE OF LIABILITY

I voluntarily consent to authorize my/Minor's use of the Information Technology, and in consideration of the University's acceptance of my/Minor's participation in the Program, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with, or related to my/Minor's use of the Information Technology or use of the Information Technology by others, even though such risks may have been caused by the negligence of the University.

\_\_\_\_\_ (Initial here)

2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE** which I/Minor might sustain while using the Information Technology or through the use of Information Technology by others, even though such injury, loss, or damage may have been caused by the negligence of the University.

\_\_\_\_\_ (Initial here)

3. **TO REMISE, RELEASE AND FOREVER DISCHARGE** the University its principals, directors, officers, agents, employees, members and volunteers, from all liability, actions, causes of action, suits, judgments, claims and demands and waive any claim for damage arising from any cause whatsoever even though such liability, actions, causes of action, suits, judgments, claims and demands that may have been caused by the negligence of the University and/or its principals, directors, officers, agents employees and volunteers.

\_\_\_\_\_ (Initial here)

## **CONDITIONS OF USE**

Users of the University's Internet Accessibility and Information Technology Resources are bound by the rules and regulations outlined in the "Policy for the Use of Computer and Technology Resources" which can be viewed online at:

<http://www.pointpark.edu/StudentLife/OfficeofJudicialAffairs/StudentPlannerHandbook/CompTechResources>

The Computer Lab Usage Guidelines which can be found online at:

<http://www.pointpark.edu/About/AdminDepts/TechnologyServices/StudentComputing/AcceptableUsePolicy>.

Point Park University reserves the right to change and policies or guidelines without prior written notice.

\_\_\_\_\_ (Initial here)

## **ACKNOWLEDGEMENT**

I HAVE CAREFULLY READ THIS CONDITIONS OF USE AND CONSENT AGREEMENT - INFORMATION TECHNOLOGY, INCLUDING THE ABOVE SECTIONS ENTITLED "IMPORTANT INFORMATION," "DISCLAIMER," "ACKNOWLEDGMENT AND ASSUMPTION OF RISKS," "INDEMNIFICATION AND RELEASE OF LIABILITY," AND "CONDITIONS OF USE" AND FULLY UNDERSTAND THEIR TERMS. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITH THE INTENT TO BE LEGALLY BOUND, AND THAT I INTEND MY INITIAL BELOW AND/OR MY SIGNATURE AT THE END OF THIS DOCUMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY FOR ANY AND ALL NEGLIGENT ACTIONS OF THE UNIVERSITY AND THAT I AM GIVING UP MY AND MINOR 'S RIGHT TO SUE THE UNIVERSITY FOR NEGLIGENCE. I UNDERSTAND THAT, IF THE TERMS OF THIS AGREEMENT ARE UNACCEPTABLE TO ME, I SHOULD NOT PARTICIPATE IN THE PROGRAM OR ALLOW MINOR TO USE, TO PARTICIPATE IN THE PROGRAM.

\_\_\_\_\_ (Initial here)

## **FOR PARENTS/GUARDIANS OF MINOR CHILDREN**

Please review the Policy for the Use of Computer and Technology Resources and Computer Lab Usage Guidelines and discuss them with your child. By initialing below, you confirm that you have read and discussed the policy and guidelines with your child. You are also confirming that you agree to all terms and conditions pertaining to usage of Information Technology Resources and agree that those Resources will be used responsibly and in conjunction with the Policy and Guidelines set forth above and in accordance with federal, state, and local laws.

**Parental or Guardian's Acknowledgement of Assumption of Risk/Release of Liability for Minors:**

I certify that the named child's date of birth is \_\_\_\_\_ (month/day/year) and is \_\_\_\_\_ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

**CHECK ONLY ONE**

☐ **Allow** Minor access to all Information Technology Resources/ Network access including the computer labs.

☐ **Prohibit Minors** from using the Information Technology Resources and/or Network Access available in the University's computer labs, **with the understanding that access of objectionable websites may still occur through Personal Devices and/or Wireless Access, and the University will not be liable for such access.**

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Minor's Name, Printed Clearly

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

\_\_\_\_\_  
Parent/Guardian's Name, Printed Clearly      Date

**FOR PARTICIPANTS WHO ARE NOT MINORS (18 YEARS OF AGE AND OLDER)**

Please review the Policy for the Use of Computer and Technology Resources and Computer Lab Usage Guidelines. By signing below, you confirm that you have read the policy and guidelines. You are also confirming that you agree to all terms and conditions pertaining to usage of Information Technology Resources and agree that those Resources will be used responsibly and in conjunction with the Policy and Guidelines set forth above and in accordance with federal, state, and local laws.

\_\_\_\_\_  
Participant's Name, Printed Clearly

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## EXHIBIT B



☐ I am a commuter and will skip to Exhibit C or next section.

### RESIDENT STUDENTS

If you are living on campus, you must complete Exhibit A.

Participants will be housed in a double or triple-occupancy room. Participants will receive daily meals. All participants must be 16 years of age at the start of the Program to live on campus. **Participants residing on the University campus must abide by all residence life and security rules that are applicable to resident students generally.**

**Alcohol and Drugs** are strictly prohibited on campus. With the exception for properly prescribed drugs identified on Exhibit C, possession of alcohol and/or drugs will result in immediate expulsion from the Program without refund of monies previously paid the University or without credit for any monies owed the University by the expelled Participant/Guardian.

**Smoking** is prohibited in and around University facilities. Any Participant found to be smoking in and around University facilities, including, without limitation, Participant's room will be immediately expelled from the Program without refund of monies previously paid the University or without credit for any monies owed the University by the expelled Participant/Guardian.

**Room Search:** The University reserves the right to conduct a search of Participants' rooms without notice.

**ID Card:** Participants will be given an identification card ("ID Card") which will also be the Participant's room key that will contain a 4 digit code to enter the building and your room. Participants must not give or lend their ID Card to any other person for any reason and must inform a University Representative immediately if their ID Card is lost or stolen. Participants will be charged a replacement fee for a replacement ID Card. After the Program, Participants may keep their ID card for a souvenir.

### CURFEW FOR MINORS

Resident Minors must be in their Building by 10:00 p.m.

Resident Minors must be in their rooms: Sunday through Friday: 11:00 p.m. and Saturday: 12:00 a.m. (midnight)

No resident is permitted to leave the building after 10:00 p.m.

**Floor and Rooms:** Minors are not permitted to be on a floor or in a room with **anyone** aged 18 and older (as of the first day of the Program). Minors are not permitted to visit the floor or the rooms occupied by Participants aged 18 or older (as of the first day of the Program), regardless of the sex of the Participant. Should these rules be broken, Minor will be held responsible and will be dismissed from residence life.

### **Signing out of the Residential Hall:**

Unless otherwise directed, Minors are permitted to leave the campus grounds. However, when leaving campus grounds, Minors **must stay in groups of (2) two or more**, notify their resident advisor, and sign-out and sign back in together at the security desk on the following days and times:

Mondays through Fridays - after 5:00 p.m. or immediately after class if students plan to leave Point Park premises.

Saturdays – anytime Participant leaves building

Sundays – anytime Participant leaves building

**Overnight or Weekend Stays:** None - Minors are not permitted to leave for a night, weekend, or to stay with another Participant.

Name of Participant: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Signature of Participant or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ month/day/year



EMERGENCY CONTACT, MEDICAL INFORMATION, AND CONSENT TO TREAT FORM

PARTICIPANT CONTACT INFORMATION

Participant's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email Work: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**PERTINENT MEDICAL HISTORY OF PARTICIPANT INCLUDING PREVIOUS INJURIES, PHYSICAL WEAKNESS OR MEDICAL CONCERNS:**

ALLERGIES (food/medicine/environmental): \_\_\_\_\_

ACCESSIBILITY NEEDS: \_\_\_\_\_

MEDICATIONS/PRESCRIPTIONS TAKEN AND DOSAGE: \_\_\_\_\_

INJURIES/MEDICAL CONDITIONS: \_\_\_\_\_

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**MEDICAL INSURANCE (You may attach a copy of medical card)**

INSURANCE CARRIER: \_\_\_\_\_ CARRIER PHONE: \_\_\_\_\_

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

POLICY/GROUP NUMBERS: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for me/Minor to receive emergency medical treatment as deemed necessary/advisable by an employee, faculty member or agent of Point Park University at a hospital, clinic, urgent care facility, physician's office or other similar facility and authorize the release of any available medical information regarding such Participant as necessary to facilitate such treatment. Any medical expenses that I/Minor may incur due to personal injury or illness are my financial responsibility and not that of the University and/or the Program. I understand and acknowledge that neither the nurse nor any other members of the University or Program's staffs are permitted to store, dispense or administer any medicines.

☐ Please check this box if you do not have medical coverage.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_