

Date: _____

First Name	MI	Last Name
Email		
Address		
City	State	Zip
Home Phone	Cell Phone	Date of Birth

I _____ assume any and all risk of harm that may arise out of my participation while with the Carnegie Science Center. I hereby release any and all liability that may arise out of or in connection with my participation in the said Volunteer/Intern Program, including but not limited to potential claims, demands and causes of action for compensatory or punitive damages, attorney's fees, costs, or any other legal or equitable relief of any kind, for injuries or such damages, and the consequences thereof, whether known or unknown, foreseen or unforeseen.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. Initials _____

I also agree and accept the policies of the Carnegie Science Center and waive any and all liability for the following:

- a. I understand that I am not entitled to monetary compensation or worker's compensation including group benefits in the event of any injury. Initials _____
- b. I understand that if at any time, if it is determined that my responsibilities are not being satisfactorily fulfilled, Carnegie Science Center has the right to terminate my services. Initials _____
- c. I understand that photographs of participants in their various Carnegie Science Center roles may be taken throughout the year. I give my full and expressed permission to Carnegie Science Center to publish photographs taken of myself in Carnegie Science Center's educational and marketing materials. Initials _____

I declare that I have completely read the terms of this Release and that I understand and voluntarily accept them.

Signature _____	Printed Name _____	Date _____
-----------------	--------------------	------------

Please list any medical restrictions, allergies, etc.

Emergency Contacts

Name _____	Relationship _____
Home _____	Cell _____ Work _____

CSC Event Contact: Lisa Kosick

Ext: 412-237-1534

Event: Covestro PRSEF

Volunteer Hours: