



OFF THE BLOCK 2020 DOCUMENTARY WORKSHOP

FORMS + WAIVERS

IMPORTANT

This packet must be read, signed and dated by both parent/guardian and participant and then returned to the instructors before or on the first day of the workshop!

Workshop participants who do not have this packet dated, signed and returned on the first day of the workshop, will not be able to participate.

Participant's name: _____

Participant's name: _____

Please Print

**UNIVERSITY OF CALIFORNIA, RIVERSIDE
OFF THE BLOCK Documentary Workshop**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in OFF THE BLOCK Documentary Workshop from July 1st, 2020 to July 31st, 2020 hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature of Parent/Guardian of Minor: _____ Date _____

Signature of Participant: _____ Date _____

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor: _____ Date _____

Signature of Participant: _____ Date _____

Participant's Age (if minor) _____



PHOTO/VIDEO RELEASE FORM FOR MINORS

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter called "the University") shall be used in connection with the University's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent or guardian of _____ (Name of minor) and do hereby give my consent without reservations to the foregoing on behalf of this person.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

MOVIE PERMISSION SLIP

Movies may occasionally be shown during the OTB Program. To make sure that your child watches movies that are acceptable to you, please mark the appropriate space below.

My child _____,

may **may not** watch PG and PG-13 rated movies.

Parent/Guardian's Signature _____ Date _____



OFF THE BLOCK 2020 – CODE OF CONDUCT & POLICIES

This code of conduct is a set of policies to ensure the success and safety of Off the Block students, UCR ARTS and its facilities, and the artworks contained at UCR ARTS. Students are expected to treat other Off the Block students; Off the Block staff, volunteers; and UCR ARTS staff, volunteers, and facilities with respect. Disruptive students will be asked to leave Off the Block. Off the Block reserves the right to dismiss students with no prior written or verbal warning. This code is subject to change and may be amended, supplemented, or superseded by one or more separate policies.

GENERAL POLICIES

OFF THE BLOCK 2020 will be conducted in a virtual, online environment.

Please silence all phones/notifications before entering OFF THE BLOCK virtual lessons.

Do not share the meeting links to OFF THE BLOCK virtual lessons with anyone outside the program.

FILMING POLICIES

Waivers are required for anyone appearing in any Off the Block documentary.

Students will not be required to travel or incur any costs to complete their films.

Program staff will review and approve any interview requests program participants send out and will be virtually present during each session.

Signature of Parent/Guardian of Minor: _____ Date _____

Signature of Participant: _____ Date _____