

Participant Release Form

I, _____ (please print name), hereby release and discharge Cleveland Clinic, its Office of Civic Education Initiatives, Shaw High School, its Cosmetology Department and instructors, the East Cleveland School District, its School Board, and the respective individual officers, directors, board members, employees, agents, representatives, staff and students from any and all liability arising out of or related to my participation in and receipt of services from the Cleveland Clinic/Shaw High School Beyond the Chair Community Outreach Pampered Beauty Program. I am fully aware that junior and senior level students will be performing the services on me. I understand that these students will be performing these services under the supervision of a licensed instructing cosmetologist.

The undersigned further authorizes the Cleveland Clinic/Shaw High School Beyond the Chair Community Outreach Pampered Beauty Program, Cleveland Clinic, its Office of Civic Education Initiatives, Shaw High School Cosmetology Program, Shaw High School their agents or employees, any of its physicians, or other persons, including members of the external media, print and/or broadcast, authorized by Cleveland Clinic and/or Shaw High School and/or the East Cleveland School District, to interview me or photograph, make motion sound pictures, movies, videotapes, or audiotapes, of me. I agree that the interview, negatives, prints, videotapes, audiotapes, or computer graphics prepared therefrom may be used for any purpose, including: medical research, grant writing, professional or patient education, newspapers, magazines, web sites, Intranet, Internet, television, billboards, displays, exhibits, audiovisual or multimedia presentations, kiosk imaging, radio broadcasts, and any other news, public service, promotional, or advertisement reason, especially to further the aims and objectives of this program. I acknowledge that such use may occur at unspecified times after the date of this authorization, whether I am alive or not.

If I, or my family, wish to revoke this authorization, I, or they, will notify the Cleveland Clinic Office of Civic Education Initiatives in writing.

I acknowledge that any photograph, motion sound picture, movies, videotape, or audiotape taken of me will become and remain the sole property of Cleveland Clinic or of the authorized print or broadcast media organization.

Signature

Date

Service(s) performed today: (Check all that apply)

____ Hand/Arm Massage (non-heated)

____ Hand/Arm Massage (heated)

____ Paraffin Hand Dip

Cleveland Clinic Location where service(s) performed (Please check one)

____ Mellen Center



OFFICE OF CIVIC EDUCATION INITIATIVES



Shaw High School