



KEYSTONE BLIND ASSOCIATION



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MEADVILLE AREA: 312 Chestnut Street • Meadville, PA 16335 • Phone: (814) 333-3121 • FAX: (814) 333-3124
E-mail: kba@keystoneblind.org • **On the Internet:** <http://www.keystoneblind.org>

RELEASE AND INDEMNITY FOR KEYSTONE KIDS SPONSORED TRIPS (2011)

I understand that the Keystone Blind Association, Keystone Kids staff and volunteers will provide transportation for all students, staff and volunteers for trips relating to Keystone Kids activities. Transportation will be by bus, agency or private vehicle driven by a licensed operator. I understand that the vehicle must be covered by liability insurance, and must be under the general supervision of the Keystone Kids staff.

I hereby certify that to the best of my knowledge I, _____, am physically fit to engage in such activities and am not suffering from any disease or injury, which would disqualify him/her from making such trips.

I agree and do hereby waive and release all claims against the Keystone Blind Association, Keystone Kids staff and volunteers, employees or other persons engaged in the activity in question and agree to hold them harmless from any and all liability relating to any personal injury or illness that may be suffered or any loss of property that may occur to as a result of my participation in and transportation to and from these activities. If in the judgment of any representative of the Keystone Kids staff I should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given by any doctor, trainer, nurse, or agency representative, and I do hereby agree to indemnify and save harmless the Keystone Blind Association, Keystone Kids staff and volunteers and any school representative from any claim by any person whom-so-ever on account of such care and treatment.

If sign-language interpreting services are provided, I understand the interpreter may not have taken and passed the Educational Interpreter Performance Assessment (EIPA).

It is understood that this form is valid from 1-1-2011 to 12-31-2011.

I also give permission for video and or photographs to be taken of me. I understand that these pictures are used in connection with Keystone Kids programming, training for professionals or publicity purposes.

Signature

Date

Address

City, State, Zip Code

Home Telephone Number

Work and/or Cell Phone Number

Name of Emergency Contact

Phone Number of Emergency Contact

JONATHAN FISTER, President/CEO

"2006 Large Employer of the Year"
Disabled American Veterans' Department of Pennsylvania

Three Time Winner of the
"Nettie Mann Achievement Award"
Pennsylvania Industries for the Blind & Handicapped



HUMAN SERVICES: Specialized Services • Rehabilitation • Prevention of Blindness • Orientation and Mobility

Keystone Kids Children's Services • Low Vision Clinic • EYEdeas Low Vision Store

KEY ENTERPRISES FOR THE BLIND: KEY Document Solutions • KEY Cleaning Solutions • KEY Janitorial Services

KEY-Shirts Apparel & Accessories • KEY Catering and Food Services • KEY ID

