



ISWP

Integration Toolkit Consent Form

I hereby authorize and grant to the INTERNATIONAL SOCIETY OF WHEELCHAIR PROFESSIONALS (ISWP) AT THE UNIVERSITY OF PITTSBURGH **SHRS**,** AND THE UNIVERSITY OF PITTSBURGH (“**University**”), the consent to share materials (photographs, course syllabus, lecture presentations, lab sessions, online modules, university/training logo, contact personnel information and other course materials) for the purpose of the ISWP Wheelchair Integration Toolkit that will be housed in the new training platform, Wheelchair International Network (WIN).

I also consent to the use of pictures and videos to be used on ISWP, HERL* and /or University affiliated websites.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I understand that I shall not be entitled to any remuneration of any kind for any use of my likeness or the described product.

I hereby release, discharge and agree to save harmless ISWP and/or the University, their legal representatives or assigns, and all persons under their permission or authority or those for whom they are acting, from any liability by virtue of the use of my likeness.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

I HAVE READ THIS ENTIRE RELEASE, FULLY UNDERSTAND IT, AGREE TO IT AND INTEND TO BE LEGALLY BOUND BY IT.

****SHRS: University of Pittsburgh School of Health and Rehabilitation Sciences**

*** HERL: Human Engineering Research Laboratories**

Name: _____

Date: _____

Address: _____

City/Town, State, Postal Code: _____

Country: _____

Signature: _____

Signature witness: _____



USAID
FROM THE AMERICAN PEOPLE



