



Child Protection Clearance Certification Statement

Note: to ensure signature field functions properly, please download this form to your computer prior to filling it out.

I, _____, authorized representative of _____,
(Full Name) (Name of Licensee)

attest that I have obtained and reviewed the PA state police criminal record check, the PA Dept of Human Services Child Abuse Clearance, and the FBI fingerprint criminal history clearance of all Licensee's Agents that will be present at the event to be held at the University of Pittsburgh on _____.
(Date of Event):

To the extent a volunteer Licensee Agent for the camp/program resides out of state and does not have the above clearances, I have verified such volunteer Licensee Agent is in compliance with state specific clearance standards of their state of domicile and have confirmed they have not volunteered in Pennsylvania for more than 30 days in the current calendar year and this event will not cause them to exceed that threshold. Furthermore, I have concluded that none of Licensee's Agents pose a risk to minors under the age of 18 or to others.

Capitalized terms not herein defined shall have the meaning set forth in the License Agreement signed between the University and _____.
(Name of Licensee)

Signature: _____

Full Name: _____

Date Signed: _____