



Liability Waiver and Release
Cleveland Metroparks Summer Nature Camps

Name of Participant: _____ Preferred Pronoun: he/him/his she/her/hers they/them/theirs

Birth Date: ____/____/____ Parent/Guardian Name: _____

Address: _____

Phone #: _____ (Primary) _____ (Secondary) Email: _____

Dates your child will participate in camp: _____

PLEASE READ & SIGN WAIVER: As part of the consideration tendered for myself (or my child/ward, having not attained the age of 18) being permitted to participate in **Cleveland Metroparks Summer Nature Camps from June 1, 2024, through August 31, 2024.**

Acknowledgement of Risks/Release of Claims/Indemnification: I recognize and acknowledge that the camp(s) in which my child is enrolled may include hiking (including off trail and crossing creeks), creek exploration (including netting animals, turning rocks and walking in the creek), netting insects (possibly stinging insects), running games, exploring dirt/mud, water activities (such as collecting water or engaging in water sports, including using water crafts), climbing, fishing, cycling, and a wide variety of other nature- and/or camp-themed activities, that there are risks associated with the aforementioned activities, and my child should not engage in the aforementioned program/event unless medically able to do so. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment. I (on behalf of my minor child/ward) assume all risks associated with the aforementioned program/event including but not limited to: falls, trips, struck by, struck against, compressed in, caught in between, entangled, rubbed, abraded or jarred by vibration from equipment or materials, course/trail/water conditions, traffic, effects of weather, contact with other participants or the natural environment, misuse or failure of equipment, drowning, collision with another craft, person, or object in the water, contact with other participants or the natural environment and animals, which may act in unpredictable ways, illness or infection, and burns (if there is a fire). I (on behalf of my minor child/ward) waive all claims that I might have based on any of those and other risks typical in this type of activity. I authorize any staff, volunteers, facility hosts, partners, or contract instructors to assist me (or my child/ward) and/or to provide such assistance as, in the opinion of such person may be necessary or appropriate. I understand that neither Cleveland Metroparks, nor any of its supporting sponsors, employees, volunteers, facility hosts, partners, or contract instructors assume any responsibility or liability with respect to my (or my minor child's/ward's) participation in this event/program. I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, contract instructors, agents, sponsors, facility hosts, partners, and volunteers (the "Releasees") from any and all claims or liabilities of any kind relating to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my minor child/ward) may sustain arising out of, or any way associated with, my participation (or my child's/ward's) participation in this event/program, even though liability may arise out of negligence or carelessness on the part of the Releasees. I acknowledge my credit card will be kept on file and used to cover any fees related to damage, loss, cleaning, late fees or other expenses associated with my participation in the program/event. It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

Agreement Regarding Illness: I recognize and acknowledge that I and/or my child/ward will be interacting with others and can share or be exposed to illness or infection as a result of such interactions. By signing below I agree to screen myself and/or my child/ward daily for any symptoms of illness and will stay home if I, and/or my child/ward is exhibiting signs of a communicable disease. Such symptoms can include but are not limited to diarrhea, severe coughing, difficult or rapid breathing, yellowish skin/eyes, conjunctivitis, fever of 100 degrees or higher, vomiting, lice, scabies, or COVID-19. I further acknowledge and agree that if my child/ward begins exhibit such signs or symptoms and I am not present, a parent/guardian will be contacted and an authorized adult will be required to pick up my child/ward. A staff member will remain with my child/ward until an authorized adult picks him/her up.

By indicating my acceptance, I understand, agree, warrant and covenant for myself and for my minor child/ward, the above **(if the participant is under 18 years of age, the parent/guardian must sign)**. I agree that I may execute this document by electronic means and that my electronic signature shall have the same effect as a manual signature.

Signature: _____ Date: _____

Written name and relationship to child (if under 18): _____

Participant's Name: _____

Photo and Video Release

PLEASE READ & SIGN: I hereby authorize Cleveland Metroparks, its instructors, and/or program partners to use, reproduce, and/or publish photographs and/or video that may pertain to me (or my child/ward, having not attained the age of 18) — including my (or my child's/ward's) image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), multimedia exhibits or for other related endeavors. This material may also appear on Cleveland Metroparks or project sponsor's Internet Web Page and/or digital social media services and for commercial purposes.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material (**if the participant is under 18 years of age, the parent/guardian must sign**). By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material (if the participant is under 18 years of age, the parent/guardian must sign).

Signature: _____ Date: _____

Written name and relationship to child: _____

Initial here if you chose not to sign the Photo Release above but agree to have your child's photo taken at camp and shared with other camp participants and their families. _____

Complete the following pages for minors (when parents/guardians not present)

Medical Information

Primary phone number

Emergency Contact

Emergency Contact Name: _____ Relationship (optional): _____

Address: _____

Phone #: _____ (Home) _____ (Cell) _____ (Business)

Personal Medical History List any allergies you have, including reactions to insect bites/stings, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products that you (or your child/ward) have:

Have any of these allergies resulted in anaphylaxis? Yes No

-If yes, will you (or your child/ward) be bringing an epinephrine injector to the Cleveland Metroparks program? Yes* No

Will you (or your child/ward) be bringing an inhaler to the Cleveland Metroparks program? Yes* No

Are you (or your child/ward) taking any medication(s) that will need to be administered during the program or may impact you/your child during the program? Yes No If yes, please list:

Medication/Dosage

Reason/Ailment

If nonprescription (including topical but excluding sunscreen, bug spray, hand sanitizer, or lip balm) or prescription medications are to be given to a minor during the program, complete the Request for Administration of Medication Form.*

Do you or your child have any medical conditions or other concerns that will impact your/your child's participation in the program or which you wish Cleveland Metroparks to know about? Yes No

If yes, please explain: _____

Do you (or your child/ward) require a special accommodation from Cleveland Metroparks for any reason in order to participate in the program? Yes No

If so, please describe the accommodation requested (minimum 72 business hours requested):

List any other history of medical problems or special circumstances we should be aware of:

Medical Insurance Company: _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

* If the answer to this question is yes for a minor, please complete the [Request for Administration of Medication Form](#).

Participant's Name: _____

Authorization, Signature and Consent for minor First Aid

PLEASE READ & SIGN: In the event of minor injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18) Cleveland Metroparks to provide first aid. This medical treatment authorization is completed and signed of my own free will and authorizes medical treatment for myself (or my child/ward) (if the participant is under 18 years of age, the parent/guardian must sign).

Signature: _____ Date: _____

Is your child/ward up to date on vaccinations required by your child's school district? Yes No

If deemed necessary, can Cleveland Metroparks staff administer the following to your child/ward?

Sunscreen Yes No Bug spray Yes No Hand sanitizer Yes No Lip balm Yes No

-If no, and assistance by Cleveland Metroparks staff is needed to assist your child with personal sunscreen, bug spray, hand sanitizer, or lip balm, then unexpired items must be labeled with your child's name or placed in a Ziplock bag with your child's name.

Authorization to pick participant up from program

Please list the people who are authorized to pick your child up from the program (*including yourself). If they are not on this list, we will not release your child to them. They must be prepared to show proper identification.

Name of Participant: _____

Name (please print)	Relationship to participant
* _____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

Code of Conduct/Behavioral Agreement

Cleveland Metroparks programs require all participants to display good behavior. Such behavior is recognized by the use of positive reinforcement such as verbal praise, individual and group recognition. Inappropriate behavior is subject to the consequences listed below. The following rules are put in place to ensure that all attendees, staff and volunteers have a fun and rewarding program experience!

Please read the rules and consequences below **with** your child. By signing this, you and your child are agreeing to follow the rules and understand the consequences that will result when rules are not followed.

EXPECTED BEHAVIOR

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Treat staff, volunteers and other participants with respect.
No name-calling, foul language, talking back or bullying.
No horseplay, pushing or shoving. 2. Follow staff and volunteer instructions and all safety rules. 3. Fighting, stealing and deliberately causing property damage will not be tolerated. | <ol style="list-style-type: none"> 4. No throwing of rocks or other objects at people or animals. 5. Any electronic device brought to camp is the campers' responsibility.
Electronic devices may not be used during camp. 6. Stay with the group. 7. Respect nature and animals. 8. If you are not sure about something, ask first. 9. Have fun! |
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CONSEQUENCES: Most rule violations will follow the Step One and Step Two process. However, depending upon severity of violation, process may proceed directly to Step Two:

- | | |
|-----------|---|
| Step One: | a. Verbal warning. |
| | b. Parents/guardian notified of inappropriate behavior. |
| Step Two: | a. Immediate dismissal from camp. |

COMMUNICATION

As necessary, Cleveland Metroparks will email or call a parent/guardian. Please check email and voicemail daily. If you have any questions about these expectations, please contact the nature center or Outdoor Experiences unit leading your program.

Signature: _____ Date: _____