



## Try-Its Waiver and Release

**Event: –Adventure University: Try-Its, March 23, 2019**

**PLEASE READ & SIGN WAIVER:** By indicating your acceptance, you (on behalf of yourself and/or minor child/ward) understand, agree, warrant and covenant as follows:

**Liability and Publicity release:** I know paddling, slacklining, and yoga are potentially hazardous activities, and I should not engage in paddling, slacklining, and/or yoga unless I am medically able to do so. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment. I assume all risks associated with paddling, slacklining, and/or yoga in this 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, contact with other participants or the natural environment, misuse or failure of equipment, drowning, and collision with another craft, person, or object in the water. I further agree for myself (and on behalf of my minor child/ward) to fully release, hold harmless and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, sponsors, and volunteers as well as Baldwin Wallace University, its employees, agents, sponsors, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (my child’s/ward’s) participation in these activities. In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks and Baldwin Wallace University to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks’ or Baldwin Wallace University’s choice. I am aware staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). I further give my permission for the free use of my (my child/ward) name, voice recording, or photo in any print account broadcast, telecast, or commercial advertising of the event. It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your minor child/ward, as follows **(If the participant is under 18 years of age, the parent/guardian must sign).**

PARTICIPANT NAME (PRINT)	SIGNATURE and relationship if signing on behalf of a minor	AGE (Minor’s Only)	YOUR PHONE NUMBER	EMERGENCY CONTACT (Name & Phone Number)	DATE
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