



**Liability Waiver and Release**  
**Cycling Programs**

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Business)

**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 \_\_\_\_\_ on \_\_\_\_\_. I recognize and acknowledge that there are risks associated with the aforementioned program/event, and I 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, including but not limited to a bike helmet. I 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. I waive all claims that I might have based on any of those and other risks typical in this type of activity. 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 authorize any such staff/volunteers 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 Cleveland Metroparks, nor any of its supporting sponsors, assume any responsibility or liability with respect to my (or my child/ward) 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, and volunteers 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 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 persons named in this waiver.

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).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo and Video Release**

**PLEASE READ & SIGN:** I hereby authorize Cleveland Metroparks 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/ward) 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.

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: \_\_\_\_\_

**Medical Information**  
**General Outdoor Recreation Programs**

**Emergency Contact**

Emergency Contact Name: \_\_\_\_\_ Relationship (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business)

**Personal Medical History** List any allergies, including reactions to insect bites/stings and food that you (or your child/ward)

have: \_\_\_\_\_

Are you (or your child/ward) taking any medication(s)?  Yes  No If yes, please list:

Medication/Dosage \_\_\_\_\_

Reason/Ailment \_\_\_\_\_

Have you (or your child) had in the past or currently have any of the following:

- |                                   |   |  |   |   |
|-----------------------------------|---|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> cognitive delays | <input type="checkbox"/> learning disability   | <input type="checkbox"/> modified diet    | <input type="checkbox"/> separation anxiety |
| <input type="checkbox"/> autism   | <input type="checkbox"/> allergies        | <input type="checkbox"/> recent injury/surgery | <input type="checkbox"/> limited mobility | <input type="checkbox"/> extreme fears      |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> blind/low vision | <input type="checkbox"/> deaf/hard of hearing  | <input type="checkbox"/> other            |   |

If yes, please explain: \_\_\_\_\_

What special accommodations are required for the above conditions:

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

**Medical Insurance Company:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Authorization, Signature and Consent to Treat**

**PLEASE READ & SIGN:** In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks choice. This medical treatment authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself (or my child/ward) **(if the participant is under 18 years of age, the parent/guardian must sign).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization to pick participant up from program (when applicable)**

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: \_\_\_\_\_