



CLEVELAND METROPARKS
Whiskey Island Paddlefest
WAIVER AND RELEASE

Bib #: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: M  F

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

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) E-mail \_\_\_\_\_

Event: Whiskey Island Paddlefest, July 17, 2021

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 stand up paddleboarding, kayaking, and sailing are potentially hazardous activities, and I should not engage in stand up paddleboarding, kayaking, or sailing unless I am medically able to do so and properly trained. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment, including but not limited to, United States Coast Guard approved lifejacket and a leash (for stand up paddleboarding). I further agree to refrain from the use of alcohol and any illegal drugs before or during stand up paddleboarding, kayaking, or sailing. I assume all risks associated with stand up paddleboarding, kayaking, and sailing 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, trail and water conditions, traffic, effects of weather, 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, and 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 commissioners, officers, employees, agents, sponsors, and volunteers; (jointly, the "Releasees") 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 ( or my child's/ward's) participation in the Whiskey Island Paddlefest, even though liability may arise out of the negligence or carelessness of the Releasees. In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks 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 or for other commercial purposes of the Releasees. It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

Agreement to Abide by COVID Guidelines. I recognize and acknowledge that COVID-19 is impacting the community. By signing below I agree to abide by all federal, state and local guidelines for COVID-19, including any guidelines set by Cleveland Metroparks. I further agree to screen myself (or my child/ward) daily for any COVID-19 symptoms listed on the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) and keep myself (or my child/ward) home if exhibiting any symptoms of COVID-19, been in close contact with someone who tested positive for COVID-19 in the previous 10 days, or has tested positive for COVID-19 in the previous 10 days. I acknowledge that, by coming to or dropping off my child/ward or having another driver drop off my child/ward, I am representing to Cleveland Metroparks that I (my child/ward) does not have any COVID-19 symptoms, has not been in close contact with anyone who has tested positive for COVID-19 during the previous 10 days, and has not tested positive for COVID-19 during the previous 10 days.

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: \_\_\_\_\_