



# YOUTH ATTENDEE

## WAIVER PACKET

(2 forms per person)

Please complete and return waivers no later than seven (7) days prior to your activity.

Email to: [programregistration@clevelandmetroparks.com](mailto:programregistration@clevelandmetroparks.com)

or

Fax to: 216.661.3312

or

Mail to:  
Attn: Guest Resource Center  
Cleveland Metroparks Zoo  
3900 Wildlife Way  
Cleveland, OH 44109



## CLEVELAND METROPARKS / CLEVELAND METROPARKS ZOO LIABILITY WAIVER (YOUTH ATTENDEE)

### Information

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Activity/Program: Golf Cart Cruise

Date(s) of Activity: \_\_\_\_\_

### **PLEASE READ CAREFULLY**

#### **Waiver of Liability and Signature**

I recognize and acknowledge that there are risks associated with the aforementioned activity/program (the "Activity"), and my child/ward should not engage in the Activity unless medically able to do so. I assume all risks associated with the Activity, including but not limited to: falls; trips; contract with equipment or materials; effects of weather; contact with other participants, the natural environment, hazardous materials, and animals, which may act in unpredictable ways. I understand that neither Cleveland Metroparks, nor any of its commissioners, officers, employees, agents, volunteers or sponsors assume any responsibility or liability with respect to my child/ward's participation in the Activity. As part of the consideration tendered for my child/ward being permitted to participate in the Activity, I agree to and do hereby waive any and 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, agents, sponsors, and volunteers (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 may be sustained arising out of, or in any way associated with, participation in the Activity, even though liability may arise out of the negligence or carelessness of the Releasees. Furthermore, in the event of injury or illness, I authorize on behalf of my child/ward, having not attained the age of 18, Cleveland Metroparks to provide first aid and/or medical treatment to my child/ward or to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice.

#### **Agreement Regarding Illness**

I recognize and acknowledge that my child will be interacting with other children and adults and can share or be exposed to illness or infection as a result of such interactions. By signing below, I agree to screen my child/ward daily for any symptoms of illness and keep my child/ward home if my child 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, or scabies. I further acknowledge and agree that if my child begins exhibiting signs or symptoms of a communicable disease, the parent/guardian will be contacted and required to pick up my child/ward. A staff member will remain with my child/ward until an authorized adult picks him/her up.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## CLEVELAND METROPARKS / CLEVELAND METROPARKS ZOO MEDIA WAIVER (YOUTH ATTENDEE)

*(This form must be completed and returned to the program administrator before any program participation)*

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

Parent/Guardian Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Group/School (if applicable): \_\_\_\_\_

Name of Activity/Program: Golf Cart Cruise

Date(s) of Activity: \_\_\_\_\_

### **PLEASE READ CAREFULLY**

I hereby authorize Cleveland Metroparks to use, reproduce, and/or publish photographs and/or video that may pertain to my child/ward including 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, including for commercial purposes. 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.

☐

**I AGREE (please sign below)**

☐

**I DISAGREE (please sign below)**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# **ADULT ATTENDEE / CHAPERONE**

## **WAIVER PACKET**

(2 forms per person)

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or

Fax to: 216.661.3312

or

Mail to:  
Attn: Guest Resource Center  
Cleveland Metroparks Zoo  
3900 Wildlife Way  
Cleveland, OH 44109



## CLEVELAND METROPARKS / CLEVELAND METROPARKS ZOO LIABILITY WAIVER (ADULT ATTENDEE)

### Information

Adult Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Activity/Program: Golf Cart Cruise

Date(s) of Activity: \_\_\_\_\_

### **PLEASE READ CAREFULLY**

#### **Waiver of Liability and Signature**

I recognize and acknowledge that there are risks associated with the aforementioned activity/program (the "Activity"), and I should not engage in the Activity unless medically able to do so. I assume all risks associate with the Activity, including but not limited to: falls; trips; contract with equipment or materials; effects of weather; contact with other participants, the natural environment, hazardous materials, and animals, which may act in unpredictable ways. I understand that neither Cleveland Metroparks, nor any of its commissioners, officers, employees, agents, volunteers or sponsors assume any responsibility or liability with respect to my participation in the Activity. As part of the consideration tendered for me being permitted to participate in the Activity, I agree to and do hereby waive any and 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, agents, sponsors, and volunteers (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 may sustain arising out of, or in any way associated with, my participation in the Activity, even though liability may arise out of the negligence or carelessness of the Releasees.

#### **Agreement Regarding Illness**

I recognize and acknowledge that my participation in the program can result in me sharing or being exposed to illness or infection. By signing below, I agree to screen myself for any symptoms of illness and stay home if I have any symptoms 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, or scabies. I further acknowledge and agree that if I begin to have such symptoms during the program, I will leave the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CLEVELAND METROPARKS / CLEVELAND METROPARKS ZOO MEDIA WAIVER (ADULT ATTENDEE)

*(This form must be completed and returned to the program administrator before any program participation)*

Adult Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Activity/Program: Golf Cart Cruise

Date(s) of Activity: \_\_\_\_\_

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☐

**I AGREE (please sign below)**

☐

**I DISAGREE (please sign below)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date