



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: Summer Day Camp

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 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 my child daily for any COVID-19 symptoms listed on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) and keep my child home if he/she is exhibiting any symptoms of COVID-19, has been in close contact with someone who tested positive for COVID-19 in the previous 5 days, or has tested positive for COVID-19 in the previous 5 days. I acknowledge that, by dropping off my child or having another driver drop my child off at camp, I am representing to Cleveland Metroparks that my child 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 5 days, and has not tested positive for COVID-19 during the previous 5 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**).

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: Summer Day Camp

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.

<input type="checkbox"/>	I AGREE (please sign below)
<input type="checkbox"/>	I DISAGREE (please sign below)

Parent/Guardian Name

Parent/Guardian Signature

Date