

# CLEVELAND METROPARKS ZOO

## Cleveland Metroparks Zoo Career Day

### WAIVER AND RELEASE

For those under the age of eighteen (18) years

*(This form must be completed and returned to the registration office before participation in Career Day)*

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)

### PLEASE READ CAREFULLY

As part of the consideration tendered for my child/ward being permitted to participate in Career Day activities on \_\_\_\_\_ (date), I agree (for and on behalf of myself and my child/ward) 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, 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 child/ward's participation in volunteer activities.

I understand and agree that the child/ward will receive no workers' compensation or liability insurance coverage from Cleveland Metroparks.

It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

(The custodial parent must sign. If the minor lives with both parents, **both** must sign.)

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**MEDICAL TREATMENT INFORMATION MUST BE COMPLETED ON REVERSE SIDE**



**Cleveland Metroparks Zoo Career Day**  
**Medical Treatment Release**

For those under the age of eighteen (18) years

To Whom It May Concern:

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.

Name of Student: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

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

Emergency Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medical History:

Special Dietary Needs \_\_\_\_\_

Does your child/ward have any allergies, including reactions to insect bites/stings and food? (List)

\_\_\_\_\_

Is your child/ward taking any medication? \_\_\_\_\_

Medication

Reason/Ailment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any history of medical problems or special circumstances we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Physician/Ph # \_\_\_\_\_

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself or, in my absence, for the minor child/ward listed.

Signed \_\_\_\_\_ Phone \_\_\_\_\_  
*(by adult participant or guardian of minor child/ward)*

Address \_\_\_\_\_ City/Zip \_\_\_\_\_



**EDUCATION DIVISION**  
**Cleveland Metroparks Zoo Career Day**  
**MEDIA WAIVER AND RELEASE FORM**

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

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Parent/Guardian Name *(if applicable)* \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ *(Home)* \_\_\_\_\_ *(Business)*  
Name of Group \_\_\_\_\_  
Date of Program \_\_\_\_\_

**PLEASE READ CAREFULLY**

**(Provisions in parentheses apply if the waiver is signed for a minor or ward)**

PLEASE READ & SIGN WAIVER: 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).

- I AGREE (please sign below)**
- I DISAGREE (please sign below)**

\_\_\_\_\_  
Participant/Parent/Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**FILENAME:** \_\_\_\_\_