



**CLEVELAND METROPARKS**  
**Cleveland Metroparks Zoo Inside Tracks**  
**WAIVER AND RELEASE**

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

Participant Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Participating at: \_\_\_\_\_

**PLEASE READ CAREFULLY**

As part of the consideration to participate in the Inside Tracks Tour activities on \_\_\_\_\_ (date), which activities include, but are not limited to, exposure to various zoo animals while engaged in activities with zoo animal care keepers or other staff, I agree (for and on behalf of myself and/or my minor 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 (Cleveland Metroparks), 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 (and/or my child/ward) may sustain arising out of , or in any way associated with, my (and/or my child/ward) participation in the Inside Tracks Tour activities.

I (for and on behalf of myself and/or my minor child/ward) understand that during the term of my (and/or my child/ward) activities, Cleveland Metroparks does not provide workers compensation coverage, self-insurance or other health benefit plan(s), including but not limited to, hospitalization, disability and/or life insurance.

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

\_\_\_\_\_  
Signature of Participant or parent/guardian of minor child/ward

Date \_\_\_\_\_





**EDUCATION DIVISION**  
**Cleveland Metroparks Zoo Inside Tracks**  
**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:** \_\_\_\_\_