YOUTH ATTENDEE

WAIVER PACKET

(3 forms per person)

Please complete and mail back to Cleveland Metroparks Zoo no later than eight (8) days prior to your scheduled program date.

Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

CLEVELAND METROPARKS/ CLEVELAND METROPARKS ZOO
MEDICAL INFORMATION AND CONSENT
TO TREATMENT (YOUTH ATTENDEE)

Information

Name of Participant: _____ Birth date: ___/___/___ Gender: _____

Parent/Guardian Name:_____

Address: _____

City, State, Zip:_____

Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Date(s) of activity: _____ Email: _____

Name of activity: __ **RISING WATERS OVERNIGHT PROGRAM**__ _____

Emergency Contact Information (Please circle the number to call first in an emergency)

1. Name: _____ Relationship: _____
   Address: _____
   City, State, Zip: _____
   Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

2. Name: _____ Relationship: _____
   Address: _____
   City, State, Zip: _____
   Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Medical History

Date of participant's last Tetanus Vaccine (Within past 10 years) _____

Is your child/ward up to date on vaccinations required by your child's school district? □ Yes □ No

If no, please explain. _____

List any special dietary needs that your child/ward has:_____

List any allergies your child/ward has, including reactions to insect bites, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products:

_____

Have any of these allergies resulted in anaphylaxis? □ Yes □ No

If yes, will your child/ward be bringing an epinephrine injector to the Cleveland Metroparks program?

□ Yes □ No

Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

Is your child/ward taking any medication (oral or topical prescription or nonprescription)? □ Yes***** □ No

If yes, please list:

Medication/Dosage	Reason/Ailment
_____	_____
_____	_____

Does your child require a special accommodation from Cleveland Metroparks for any reason in order to participate in the program? □ Yes □ No

If so, please describe the accommodation requested:

_____

_____

List any other history of medical problems or special circumstances Cleveland Metroparks should be aware of: _____

_____

Medical Insurance Company: _____
Physician: _____ **Phone #:** _____
Dentist: _____ **Phone #:** _____

Authorization, Signature and Consent to Treat

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 for my child/ward at the nearest and most adequate facility of Cleveland Metroparks' choice.

This medical treatment authorization form is completed and signed of my own free will and authorizes medical treatment for my child/ward.

_____
Participant name (please print)

_____ _____
Parent Name Parent Signature

_____
Date

Mail form to Cleveland Metroparks Zoo, Education Office, 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: _____

Address: _____

City, State, Zip:_____

Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Email: _____

Name of Activity/Program: **RISING WATERS OVERNIGHT PROGRAM**

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 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 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 I may sustain 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.

_____ _____

Parent/Guardian Name Parent/Guardian Signature

_____

Date

Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

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

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

Participant's Name _____ Birth date ____/_____/_____
Parent/Guardian Name _____
Address_____
Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Name of Group/School (if applicable)_____

Name of Activity/Program_**RISING WATERS OVERNIGHT PROGRAM**
Date(s) of Program: _____

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 Signature Date

Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

ADULT ATTENDEE / CHAPERONE

WAIVER PACKET

(3 forms per person)

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Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

CLEVELAND METROPARKS/ CLEVELAND METROPARKS ZOO
MEDICAL INFORMATION AND CONSENT
TO TREATMENT (ADULT ATTENDEE)

Information

Name of Participant: _____ Birth date: ___/___/___ Gender: _____

Address: _____

City, State, Zip:_____

Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Date(s) of activity: _____ Email: _____

Name of activity: **__ RISING WATERS OVERNIGHT PROGRAM__**

Emergency Contact Information (Please circle the number to call first in an emergency)

3. Name: _____ Relationship: _____
   Address: _____
   City, State, Zip: _____
   Phone #: _____ *(Home)* _____ *(cell)* _____ *(Business)*

4. Name: _____ Relationship: _____
   Address: _____
   City, State, Zip: _____
   Phone #: _____ *(Home)* _____ *(cell)* _____ *(Business)*

Medical History

Date of participant's last Tetanus Vaccine (Within past 10 years) _____

List any special dietary needs that you have:_____

List any allergies you have, including reactions to insect bites, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products:

_____

Have any of these allergies resulted in anaphylaxis? □ Yes □ No

If yes, will you be bringing an epinephrine injector to the Cleveland Metroparks program? □ Yes □ No

If yes, do you authorize Cleveland Metroparks staff to use your epinephrine injector (and, if necessary, Benadryl) if you are suffering from anaphylaxis and are unable to self-administer the epinephrine?

□ Yes □ No

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Are you taking any medication (oral or topical prescription or nonprescription)? □ Yes □ No

If yes, please list:

Medication/Dosage	Reason/Ailment
_____	_____
_____	_____

Do you require a special accommodation from Cleveland Metroparks for any reason in order to participate in the program? □ Yes □ No

If so, please describe the accommodation requested:

_____

_____

List any other history of medical problems or special circumstances Cleveland Metroparks should be aware of: _____

_____

Medical Insurance Company: _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

Authorization, Signature and Consent to Treat

In the event of injury or illness, I authorize on behalf of myself Cleveland Metroparks to provide first aid and/or medical treatment to me or to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice.

This medical treatment authorization form is completed and signed of my own free will and authorizes medical treatment for myself.

_____ _____

Name (please print) Signature

_____

Date

Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

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

Information

Name of Participant: _____ Birth date: ___/___/___ Gender: _____

Address: _____

City, State, Zip:_____

Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Email: _____

Name of Activity/Program: **RISING WATERS OVERNIGHT PROGRAM**

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.

_____ _____

Signature Date

Mail form to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

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

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

Participant's Name _____ Birth date ____/_____/_____
Address_____
Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

Name of Group/School (if applicable)_____

Name of Activity/Program_**RISING WATERS OVERNIGHT PROGRAM**
Date(s) of Program: _____

PLEASE READ CAREFULLY

I hereby authorize Cleveland Metroparks to use, reproduce, and/or publish photographs and/or video that may pertain to me including my 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 Signature Date

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