



GROUP: _____

ADULT Liability Waiver and Release
Youth Outdoors Programs

Program Name and Location: _____

Program Date(s): _____ Program Time: _____

Name of Participant: _____ Preferred Pronoun: he/him/his she/her/hers they/them/theirs

Birth Date: ____/____/____

Address: _____

Phone #: _____ (Cell) E-mail: _____

PLEASE READ & SIGN WAIVER: As part of the consideration for being permitted to participate in the Youth Outdoors program (the "Program"), I acknowledge that there are risks associated with the Program, that I should not engage in the aforementioned program/event unless medically able to do so, and that I will use appropriate safety equipment as provided by Cleveland Metroparks. I assume all risks associated with the Program including but not limited to falls, trips, risks from vehicles, equipment, materials and other persons, route/trail/water/weather/traffic conditions, risks associated with water or fires, including but not limited to drowning or burns, illness or infection. I waive all claims that I might have based on any of those and other risks typical in this type of activity, and I agree and hereby waive all claims against, and agree to fully release, hold harmless, and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its partners in presenting the Program, and their officers, employees, contract instructors, agents, sponsors, and volunteers (the "Releasees") from any and all claims or liabilities of any kind relating 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, the Program, even if caused by negligence or carelessness of Releasees.

By signing below, unless I have indicated "no consent to photo/video," I also authorize Cleveland Metroparks and its partners in presenting the Program to use, reproduce, and/or public photographs, video or audio that may pertain to me, including my image, likeness, and/or voice without compensation, including in publications, public affairs, and for commercial purposes.

Signature: _____ Date: _____

Written name and relationship to child (if under 18): _____

____ Initial here only if you DO NOT CONSENT TO PHOTO/VIDEO

GROUP: _____

DATE OF OUTING: _____

Medical Information

Name of Participant _____

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

Emergency Contact Name: _____ Relationship (optional): _____

Address: _____

Phone #: _____ (Home) _____ (Cell) _____ (Work or Other)

Personal Medical History List any allergies you have, including reactions to insect bites/stings, 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

Will you be bringing an inhaler to the Cleveland Metroparks program? Yes* No

Are you taking any medication(s) that will need to be administered during the program or may impact you during the program? Yes No If yes, please list:

Medication/Dosage

Reason/Ailment

Do you have any medical conditions, medical history, or other concerns that may impact your participation in the program?
 Yes No

If yes, please explain: _____

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

If so, please describe the accommodation requested (minimum 72 business hours requested):

Do you require specific dietary needs (e.g., does not eat pork)? Yes No

If so, please describe:

Physician: _____ Phone #: _____