CLEVELAND METROPARKS ZOO
SECURING A FUTURE FOR WILDLIFE

KEEPER FOR A DAY

Registration and Medical Authorization Form

Birth Date: _____ **School Name/Grade:** _____
(Month/Day/Year)

Registrant Email Address: _____

Program Date: _____

Parent/Guardian Information

(if participant is under 18 years of age)

Parent/Guardian Name: _____
(Last Name) *(First Name)*

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) *(Work)* *(Cell)*

Email Address: _____

Emergency Contact

Name: _____
(Last Name) *(First Name)*

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) *(Work)* *(Cell)*

Relationship to Child: _____

Medical History

Identify any medications your child is currently taking (purpose and dosage): _____

_____

Check which of the following your child has had in the past or currently has:

☐ ADD/ADHD	☐ diabetes	☐ allergies	☐ limited mobility
☐ extreme fears	☐ recent injury/surgery	☐ asthma	☐ hearing/visually impaired
☐ separation anxiety	☐ autism	☐ learning disability	☐ other

For each checked box, please explain: _____

_____

What special accommodations are required for the above conditions: _____

_____

Any history of other medical problems or special circumstances we should be aware of: _____

_____

Medical Insurance Company: _____

Physician: _____ **Phone:** (____) _____

Dentist: _____ **Phone:** (____) _____

Special Dietary Needs: _____

RELEASE OF CLAIMS: As part of the consideration tendered for myself and my child/ward, having not attained the age of 18, being permitted to participate in Keeper for a Day at Cleveland Metroparks Zoo activities:

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, contact with staff/volunteers, contact with animals, and drowning. I waive all claims that I might have based on any of those and other risks typical in this type of activity. I am aware staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). I authorize any such staff/volunteers to assist me or my child/ward to provide such assistance as, in the opinion of such person may be necessary or appropriate. I understand that Cleveland Metroparks, nor any of its supporting sponsors, assume any responsibility or liability with respect to me or my child/ward's participation in this program/event. I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify Cleveland Metroparks, all sponsors, all representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of me or my child/ward's participation in this program/event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

AUTHORIZATION, SIGNATURE, AND CONSENT TO TREAT: 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. This medical treatment authorization and authorization form is completed and signed of my own free will and authorizes medical treatment for myself or, in my absence, for the minor child/ward listed.

By indicating your acceptance, you understand, agree, warrant, and covenant for yourself and for your minor child/ward, as follows.

X Signature of Parent/Guardian _____ **Date:** _____

CLEVELAND METROPARKS

Cleveland Metroparks Zoo
KEEPER FOR A DAY
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*)

Particpating at: _____

PLEASE READ CAREFULLY

As part of the consideration to participate in the *Keeper for a Day* 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 *Keeper for a Day* 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 _____

MEDICAL TREATMENT INFORMATION MUST BE COMPLETED ON ADDITIONAL FORM

CLEVELAND METROPARKS
Cleveland Metroparks Zoo
Medical Treatment Information & Authorization

To Whom It May Concern:

Information

Name of Participant: _____

Address_____

City, State, Zip_____Phone _____

Date(s) of activity: _____

Emergency Contact:

Name_____

Address_____

City, State, Zip_____

Relationship_____ Phone #_____

Medical History:

Special Dietary Needs_____

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

_____

Are you (or 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 # _____

EDUCATION DIVISION
KEEPER FOR A DAY PROGRAM
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: _____