EDUCATION DIVISION
SCOUTS OVERNIGHT
WAIVER AND RELEASE FORM

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

Participant's Name _____ Birth Date _____
Must be at least six years old.

Parent/Guardian Name (*if applicable)*_____

Address _____

Phone _____*(Home)* _____*(Business)*

Name of Group_____

Date of Program _____

Waiver/Release of Claims

RELEASE OF CLAIMS: As part of the consideration tendered for my child/children being permitted to participate in Scouts Overnight Camp at Cleveland Metroparks Zoo, 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, 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 my child/children may sustain arising out of, or in any way associated with, my child's/children's participation in Scouts activities.

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

CLEVELAND METROPARKS ZOO
SECURING A FUTURE FOR WILDLIFE

Cleveland Metroparks

MEDICAL TREATMENT INFORMATION MUST BE COMPLETED ON REVERSE SIDE

CLEVELAND METROPARKS ZOO
Scouts Overnight
Medical Treatment Release

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 Participant: _____

Must be at least six years old.

Dates when release is effective: _____

(program dates)

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 # _____

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.

Signed: _____ **Phone:** (____) _____

(by adult participant or guardian of minor child/ward)

Address: _____

City, State, Zip Code: _____

CLEVELAND METROPARKS ZOO
SECURING A FUTURE FOR WILDLIFE

Cleveland Metroparks

EDUCATION DIVISION
SCOUTS OVERNIGHT
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: _____