



**CLEVELAND METROPARKS/ CLEVELAND METROPARKS ZOO  
LIABILITY WAIVER (YOUTH ATTENDEE)**

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

**Information**

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name (if participant is a minor): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business)

Email: \_\_\_\_\_

Name of Activity/Program:     **SUMMER DAY CAMP**    

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 (or 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 participation (or my child/ward's participation) in the Activity. As part of the consideration tendered for me (or 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.

**Agreement to Abide by COVID Guidelines.** I recognize and acknowledge that COVID-19 is impacting the community. By signing below I agree to abide by all federal, state and local guidelines for COVID-19, including any guidelines set by Cleveland Metroparks. I further agree to screen my child daily for any COVID-19 symptoms listed on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) and keep my child home if he/she is exhibiting any symptoms of COVID-19, has been in close contact with someone who tested positive for COVID-19 in the previous 10 days, or has tested positive for COVID-19 in the previous 10 days. I acknowledge that, by dropping off my child or having another driver drop my child off at camp, I am representing to Cleveland Metroparks that my child does not have any COVID-19 symptoms, has not been in close contact with anyone who has tested positive for COVID-19 during the previous 10 days, and has not tested positive for COVID-19 during the previous 10 days. By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your minor child/ward, as follows **(if the participant is under 18 years of age, the parent/guardian must sign)**

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature (if participant is under 18)

\_\_\_\_\_  
Date



**CLEVELAND METROPARKS/ CLEVELAND METROPARKS ZOO  
FIRST AID & MEDICAL TREATMENT AUTHORIZATION  
(YOUTH ATTENDEE)**

**Information**

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Name of Activity/Program:           **SUMMER DAY CAMP**          

Date(s) of Activity: \_\_\_\_\_

**PLEASE READ CAREFULLY**

**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.

- I AGREE to treatment (please sign below)**
- I DISAGREE to treatment (please sign below)**

If I DISAGREE has been selected, please explain what you would like Cleveland Metroparks staff to do if your child/ward is injured.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature (if participant is under 18)

\_\_\_\_\_  
Date



**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 Activity/Program:     SUMMER DAY CAMP    

Date(s) of Activity \_\_\_\_\_

**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