



**Liability Waiver and Release**

**Information**

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

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

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

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

Date(s) of activity: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE READ & SIGN WAIVER:** As part of the consideration tendered for myself being permitted to participate in **Bowl Burning**, on \_\_\_\_\_.

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; being cut or burned making wooden bowls using hot coals and cutting tools, smelling like wood smoke, contact with other participants, the effects of weather, misuse or failure of equipment. 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 and/or 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 my participation in this event/program. I agree and hereby waive all claims against, and agree to fully release, hold harmless, and indemnify Cleveland Metroparks, all sponsors, representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of my participation in this event/program, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself as follows (**if the participant is under 18 years of age, the parent/guardian must sign**).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo and Video Release**

**PLEASE READ & SIGN WAIVER:** 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. 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**).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check if you are interested in receiving information about the completed project \_\_\_\_\_

## Medical Information and Consent to Treatment

### Information

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

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

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

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

Date(s) of activity: \_\_\_\_\_ Email: \_\_\_\_\_

### 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

List any special dietary needs that you have: \_\_\_\_\_

List any allergies, including reactions to insect bites/stings and food that you have:

Are you taking any medication?  Yes  No

If yes, please list:

Medication/Dosage

Reason/Ailment

\_\_\_\_\_

\_\_\_\_\_

Have you had in the past or currently have any of the following:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> allergies                 | <input type="checkbox"/> diabetes              | <input type="checkbox"/> limited mobility | <input type="checkbox"/> other         |
| <input type="checkbox"/> asthma                    | <input type="checkbox"/> extreme fears         | <input type="checkbox"/> asthma           | <input type="checkbox"/> modified diet |
| <input type="checkbox"/> hearing/visually impaired | <input type="checkbox"/> recent injury/surgery |   |  |

If yes, please explain:

What special accommodations are required for the above conditions:

List any other history of medical problems or special circumstances we 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 obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metropark's choice. This medical treatment authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself (if the participant is under 18 years of age, the parent/guardian must sign).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_