

WAIVER AND RELEASE FOR PARTICIPATION IN CLEVELAND METROPARKS HACKATHON

PLEASE READ & SIGN WAIVER: As part of the consideration tendered for myself (or my child/ward, having not attained the age of 18) being permitted to participate at the Cleveland Metroparks Hackathon from April 6, 2018 through April 29, 2018:

I recognize and acknowledge that there are risks associated with the aforementioned activity, and I should not engage in the aforementioned activity unless medically able to do so. I assume all risks associated with the aforementioned activity including but not limited to those that may result in personal injury or death. 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 activity or activities, 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) 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 (or my child/ward) participation in this activity or activities. 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 the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, sponsors, and volunteers 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 (or my child/ward) may sustain arising out of, or any way associated with, my participation (or my child's/ward's participation) in this activity or activities, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Authorization and Consent to Treat

In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice.

Photo and Video Release

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.

It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

By signing this document, I acknowledge that I have completely read and fully understand the above waiver, releases, authorization and consent and agree to be bound thereby. **(if the participant is under 18 years of age, the parent/guardian must sign).**

Printed Name of Child/Ward Participant _____

Child/Ward Date of Birth: _____

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature: _____

Today's Date: _____