



YOUTH ATTENDEE WAIVER PACKET

(2 forms per person)

Please complete and return waivers no later than seven (7) days prior to your activity.

Email to: programregistration@clevelandmetroparks.com

or

Fax to: 216.661.3312

or

Mail to:

Attn.: Guest Resource Center
Cleveland Metroparks Zoo
3900 Wildlife Way
Cleveland, OH 44109



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

Information

Name of Participant: _____ Birth Date: ____ / ____ / ____ Gender: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Name of Activity/Program: _____

Date(s) of Activity: _____

PLEASE READ CAREFULLY

Waiver of Liability and Signature

As part of the consideration for my child/ward ("my child"), having not attained the age of 18, being permitted to participate in the aforementioned activity/program (the "Activity"), I acknowledge that there are risks associated with the Activity, that my child should not engage in the Activity unless medically able to do so, and that my child will use appropriate safety equipment as provided by Cleveland Metroparks. I, on behalf of my child, assume all risks associated with the Activity including but not limited to falls, trips, struck by, struck against, compressed in, caught in between, entangled, rubbed, abraded or jarred by vibration from equipment or materials, course/trail/water conditions, traffic, effects of weather, contact with other participants or the natural environment, misuse or failure of equipment, drowning, collision with another craft, person, or object in the water, contact with other participants or the natural environment and animals, which may act in unpredictable ways, illness or infection, and burns (if there is a fire). On behalf of myself and my child, I waive all claims that I or my child might have based on any of those and other risks typical in this type of activity, and I agree and hereby waive on behalf of myself and my child all claims against, and agree to fully release, hold harmless, and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its partners in presenting the activities, and their officers, employees, contract instructors, agents, sponsors, and volunteers (the "Releasees") 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 my child may sustain arising out of, or in any way associated with, the activities, even if caused by negligence or carelessness of Releasees.

Agreement Regarding Illness

I recognize and acknowledge that I and/or my child/ward will be interacting with others and can share or be exposed to illness or infection as a result of such interactions. By signing below I agree to screen myself and/or my child/ward daily for any symptoms of illness and will stay home if I, and/or my child/ward is exhibiting signs of a communicable disease. Such symptoms can include but are not limited to diarrhea, severe coughing, difficult or rapid breathing, yellowish skin/eyes, conjunctivitis, fever of 100 degrees or higher, vomiting, lice, scabies, or COVID-19. I further acknowledge and agree that if my child/ward begins exhibit such signs or symptoms and I am not present, a parent/guardian will be contacted and an authorized adult will be required to pick up my child/ward. A staff member will remain with my child/ward until an authorized adult picks him/her up.

Parent/Guardian Name

Parent/Guardian Signature

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)

Name of Participant: _____ Birth Date: ____ / ____ / ____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Group/School (if applicable): _____

Name of Activity/Program: _____

Date(s) of Activity: _____

PLEASE READ CAREFULLY

I hereby authorize Cleveland Metroparks, its instructors, and/or program partners 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’s/ward’s) 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 and for commercial purposes.

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).

<input type="checkbox"/>	I AGREE (please sign below)
<input type="checkbox"/>	I DISAGREE (please sign below)

Parent/Guardian Name

Parent/Guardian Signature

Date