



Liability Waiver and Release General Outdoor Recreation Programs

Name of Participant: _____ Birth date: ___/___/___

Parent/Guardian Name (if applicable): _____

Address: _____

City, State, Zip: _____

Phone #: _____ (Home) _____ (cell) _____ (Business)

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 in Snowshoeing on _____. I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, drowning or collision with another craft, person, or object in the water. 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 (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 event/program. 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 Cleveland Metroparks, all sponsors, representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of my participation (or my child/ward's 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 and, if applicable, for your minor child/ward, 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 (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**).

Signature: _____ Date: _____

Medical Information and Consent to Treatment

Emergency Contact Information (Please circle the number to call first in an emergency)

1. Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (cell) _____ (Business)

Medical History

List any allergies, including reactions to insect bites/stings and food that you (or your child/ward) have:

Are you (or your child/ward) taking any medication? Yes No

If yes, please list:

Medication/Dosage	Reason/Ailment
_____	_____
_____	_____

Have you (or your child) had in the past or currently have any of the following:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> cognitive delays | <input type="checkbox"/> learning disability | <input type="checkbox"/> separation anxiety |
| <input type="checkbox"/> allergies | <input type="checkbox"/> diabetes | <input type="checkbox"/> limited mobility | <input type="checkbox"/> modified diet |
| <input type="checkbox"/> asthma | <input type="checkbox"/> extreme fears | <input type="checkbox"/> asthma | <input type="checkbox"/> other |
| <input type="checkbox"/> autism | <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 #:** _____

Authorization, Signature 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 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 (or my child/ward) **(if the participant is under 18 years of age, the parent/guardian must sign).**

Signature: _____ Date: _____

Authorization to pick participant up from program (when applicable)

Please list the people who are authorized to pick your child up from the program (*including yourself). If they are not on this list, we will not release your child to them. They must be prepared to show proper identification.

Name of Participant: _____

Name (please print)

* _____

Relationship to participant

Signature: _____

Date: _____

General Essential Eligibility Requirements: A participant....

1. ...must meet minimum age and pre-trip meeting requirements for each individual program.
2. ...must meet program fee requirements for each individual program.
3. ...must be able, either alone or with the aid of a personal care attendant to perform activities of daily living. These include but are not limited to: restroom use, dressing, eating, maintaining proper hydration and transfers.
4. ...must refrain from use of alcohol, tobacco and any illegal drugs during a program.
5. ...must refrain from behaviors that pose a risk to themselves and/or others.
6. ...must be able, either alone or with the aid of a personal care attendant, to manage, administer and protect any prescription medications currently prescribed to him or her. All medications, including over-the-counter medications shall be declared in medical history section of the registration form.
7. ...must be able, either alone or with the aid of a personal care attendant, to follow three step directions and make reasonably safe judgments.
8. ...must be able, either alone or with the aid of an augmentative communication device or a personal care attendant, to communicate needs, information about the environment or social conversation.
9. ...must be able, either alone or with the aid of a personal care attendant, to attend to and participate in outdoor recreational activities and to learn and initiate recreational skills that can be applied to other settings.
10. ...must be able, either alone or with the aid of a personal care attendant, to effectively engage in socially adaptive modes of behavior in individual and group social interaction.

Water Programs: A participant...

11. ...must be able to independently wear and maintain wearing a properly fitted PFD (Personal Flotation Device) during all water programs.
12. ...must be able to independently demonstrate a safe wet exit; (we will teach you how).
13. ...must be able, in the event of an unexpected capsize, to independently demonstrate the ability to self-right him or herself from face down to face up position while wearing the appropriate PFD during all water programs. (To ensure mouth is above water after entry).
14. ...must be able to independently hold their head and neck upright (without restraints) while paddling, in order to maintain proper body positioning ,avoid an unexpected capsize and freely exit watercraft.
15. ...must be able, in the event of an unexpected capsize, to independently maintain a seal with their mouth during all water programs to avoid aspiration. (Please no artificial respirators).

Terrain Programs: A participant...

16. ...must be able, either alone or with the aid of a personal care attendant, to ambulate at least 2 miles on rough terrain during hiking/snowshoeing programs.
17. ...must be able, either alone or with the aid of a personal care attendant, to carry their own gear on camping/backpacking trips.

I have read and understand the above essential eligibility requirements. I meet the essential eligibility requirements to participate safely in outdoor recreation programs.

Signature (Participant or legal guardian)

DATE