



**Liability Waiver and Release  
Terrain Programs**

Name of Participant: \_\_\_\_\_ Preferred Pronoun: he/him/his she/her/hers they/them/theirs  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_ Parent/Guardian Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
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 \_\_\_\_\_ on \_\_\_\_\_,

Acknowledge of Risks/Release of Claims/Indemnification: I recognize and acknowledge that there are risks associated with the aforementioned program/event, and I should not engage in the aforementioned program/event unless medically able to do so. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment. I assume all risks associated with the aforementioned program/event 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, trail conditions, traffic, effects of weather, contact with other participants or the natural environment, misuse or failure of equipment, illness or infection, and burns (if there is a fire). 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 neither Cleveland Metroparks, nor any of its supporting sponsors, assume any responsibility or liability with respect to my (or my child's/ward's) 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 the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, contract instructors, 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 event/program, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge my credit card will be kept on file and used to cover any fees related to damage, loss, cleaning, late fees or other expenses associated with my participation in the program/event.

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 myself (or my child/ward) daily for any COVID-19 symptoms listed on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) and keep myself (or my child/ward) home if exhibiting any symptoms of COVID-19, 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 coming to or dropping off my child/ward or having another driver drop off my child/ward, I am representing to Cleveland Metroparks that I (my child/ward) 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 my acceptance, I understand, agree, warrant and covenant for myself and, if applicable, for my minor child/ward, the above (if the participant is under 18 years of age, the parent/guardian must sign). I agree that I may execute this document by electronic means and that my electronic signature shall have the same effect as a manual signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Written name and relationship to child (if under 18): \_\_\_\_\_

**Photo and Video Release**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Written name and relationship to child (if under 18): \_\_\_\_\_

**Medical Information**

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

Emergency Contact Name: \_\_\_\_\_ Relationship (optional): \_\_\_\_\_

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

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

**Personal Medical History** List any allergies you have, including reactions to insect bites/stings, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products that you (or your child/ward) have:

\_\_\_\_\_

Have any of these allergies resulted in anaphylaxis?  Yes  No

-If yes, will you (or your child/ward) be bringing an epinephrine injector to the Cleveland Metroparks program?  Yes\*  No

-Do you authorize Cleveland Metroparks staff to use your (or your child's/ward's), or another source if available, epinephrine injector (and, if necessary, Benadryl/Diphenhydramine) if you (or your child/ward) are suffering from anaphylaxis and are unable to self-administer the epinephrine?  Yes  No

Will you (or your child/ward) be bringing an inhaler to the Cleveland Metroparks program?  Yes\*  No

Are you (or your child/ward) taking any medication(s) that will need to be administered during the program or may impact you/your child during the program?  Yes  No If yes, please list:

<u>Medication/Dosage</u>	<u>Reason/Ailment</u>
_____	_____
_____	_____

If nonprescription (including topical but excluding sunscreen, bug spray, hand sanitizer, or lip balm) or prescription medications are to be given to a minor during the program, complete the Request for Administration of Medication Form.\*

Do you or your child have any medical conditions or other concerns that will impact your/your child's participation in the program or which you wish Cleveland Metroparks to know about?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you (or your child/ward) require a special accommodation from Cleveland Metroparks for any reason in order to participate in the program?  Yes  No

If so, please describe the accommodation requested (minimum 72 business hours requested):

\_\_\_\_\_

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**

**PLEASE READ & SIGN:** 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 provide first aid and/or medical treatment or to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks choice. This medical treatment authorization is completed and signed of my own free will and authorizes medical treatment for myself (or my child/ward) (if the participant is under 18 years of age, the parent/guardian must sign).

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

\* If the answer to this question is yes for a minor, please complete the Request for [Administration of Medication Form](#).