

<u>Liability Waiver and Release</u> General Outdoor Recreation Programs

Name of Participant:		Birth date://	_
Parent/Guardian Name (if a	pplicable):		
Address:			
City, State, Zip:			
Phone #:	(Home)	(cell)	(Business)
		ion tendered for myself (or m	
include but are not limited to equipment, drowning or coll have based on any of those support for this program/even resuscitation), or the use of assist me (or my child/ward or appropriate. I understand responsibility or liability with hereby waive (on behalf of and indemnify Cleveland Miccontractors from all claims of the contractors from all claims of the contra	to; falls, contact with other partilision with another craft, person and other risks typical in this went, including but not limited an AED (automated external) and/or to provide such assised that Cleveland Metroparks, h respect to my (or my child/myself and my child/ward) all etroparks, all sponsors, represor liabilities of any kind arising	ed with the aforementioned pricipants, the effects of weat son, or object in the water. I watype of activity. I am aware state to the administration of: first defibrillator). I authorize any stance as, in the opinion of such or any of its supporting sponward) participation in this ever claims against, and agree to five the sentatives (including staff/volus) out of my participation (or met of negligence or carelessness	her, misuse or failure of vaive all claims that I might aff/volunteers may provide aid, CPR (Cardiopulmonary such staff/volunteers to the person may be necessary sors, assume any nt/program. I agree and ully release, hold harmless, unteers), and independent by child/ward's participation)
	-	arrant and covenant for yours der 18 years of age, the pare	
Signature:		Date: _	
	Photo and V	ideo Release	
photographs and/or video t including my (or my child/w material may be used in var service advertising (PSAs), n Cleveland Metroparks or pro- By signing this form, I ackno- to be bound thereby. I here	hat may pertain to me (or my rard) image, likeness and/or vo- ious publications, public affair nultimedia exhibits or for othe oject sponsor's Internet Web	and Metroparks to use, repro- child/ward, having not attain pice without compensation. I as releases, recruitment mater er related endeavors. This mat Page and/or digital social med y read and fully understand the my person or organization utiling must sign).	ed the age of 18) — understand that this rials, broadcast public terial may also appear on lia services. the above release and agree
Signature:		Date: _	

Medical Information and Consent to Treatment

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

 □ cognitive delays
 □ learning disability
 □ separation anxiety

 □ diabetes
 □ limited mobility
 □ modified diet

 □ extreme fears
 □ asthma
 □ other

 □ ADD/ADHD □ allergies □ asthma □ autism □ hearing/visually impaired □ 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: Phone #: Physician: **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: ______ Relationship to participant Name (please print)

Date: _____

Signature:_____

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	-			