



GROUP: \_\_\_\_\_

**MINOR Liability Waiver and Release**  
**Youth Outdoors Programs**

Program Name and Location: \_\_\_\_\_

Program Date(s): \_\_\_\_\_ Program Time: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Preferred Pronoun: he/him/his she/her/hers they/them/theirs

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ (Cell) E-mail: \_\_\_\_\_

**PLEASE READ & SIGN WAIVER:** As part of the consideration for my child/ward (“my child”), having not attained the age of 18, being permitted to participate in the Youth Outdoors program (the “Program”), I acknowledge that there are risks associated with the Program, that my child should not engage in the Program 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 Program 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 Program, 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 Program, even if caused by negligence or carelessness of Releasees.

By signing below, unless I have indicated “no consent to photo/video,” I 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).**

I further agree that Cleveland Metroparks, its partners in presenting the Program, or their employees, instructors, agents, or volunteers may provide first aid to my child/ward if required.

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

Written name and relationship to child: \_\_\_\_\_

\_\_\_\_ *Initial here only if you DO NOT CONSENT TO PHOTO/VIDEO*

**Complete the following pages for minors (when parents/guardians not present)**

**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

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:

Medication/Dosage

Reason/Ailment

\_\_\_\_\_  
\_\_\_\_\_

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 #:** \_\_\_\_\_

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

**PLEASE READ & SIGN:** In the event of minor 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. 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: \_\_\_\_\_

Is your child/ward up to date on vaccinations required by your child's school district?  Yes  No

If deemed necessary, can Cleveland Metroparks staff administer the following to your child/ward?

Sunscreen  Yes  No Bug spray  Yes  No Hand sanitizer  Yes  No Lip balm  Yes  No

-If no, and assistance by Cleveland Metroparks staff is needed to assist your child with personal sunscreen, bug spray, hand sanitizer, or lip balm, then unexpired items must be labeled with your child's name or placed in a Ziplock bag with your child's name.

**Authorization to pick participant up from program**

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: \_\_\_\_\_

**Code of Conduct/Behavioral Agreement**

Cleveland Metroparks programs require all participants to display good behavior. Such behavior is recognized by the use of positive reinforcement such as verbal praise, individual and group recognition. Inappropriate behavior is subject to the consequences listed below. The following rules are put in place to ensure that all attendees, staff and volunteers have a fun and rewarding program experience!

**Please** read the rules and consequences below **with** your child. By signing this, you and your child are agreeing to follow the rules and understand the consequences that will result when rules are not followed.

**EXPECTED BEHAVIOR**

1. Treat staff, volunteers and other participants with respect.  
No name-calling, foul language, talking back or bullying.  
No horseplay, pushing or shoving.
2. Follow staff and volunteer instructions and all safety rules.
3. Fighting, stealing and deliberately causing property damage will not be tolerated.
4. No throwing of rocks or other objects at people or animals.
5. Any electronic device brought to camp is the campers' responsibility.  
Electronic devices may not be used during camp.
6. Stay with the group.
7. Respect nature and animals.
8. If you are not sure about something, ask first.
9. Have fun!

**CONSEQUENCES:** Most rule violations will follow the Step One and Step Two process. However, depending upon severity of violation, process may proceed directly to Step Two:

- Step One:
  - a. Verbal warning.
  - b. Parents/guardian notified of inappropriate behavior.
- Step Two:
  - a. Immediate dismissal from camp.

**COMMUNICATION**

As necessary, Cleveland Metroparks will email or call a parent/guardian. Please check email and voicemail daily. If you have any questions about these expectations, please contact the nature center or Outdoor Experiences unit leading your program.

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