



GROUP: _____

ADULT 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: ____/____/____

Address: _____

Phone #: _____ (Cell) E-mail: _____

PLEASE READ & SIGN WAIVER: As part of the consideration for being permitted to participate in the Youth Outdoors program (the "Program"), I acknowledge that there are risks associated with the Program, that I should not engage in the aforementioned program/event unless medically able to do so, and that I will use appropriate safety equipment as provided by Cleveland Metroparks. I 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). I waive all claims that I might have based on any of those and other risks typical in this type of activity, and I agree and hereby waive 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 I 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).**

Signature: _____ Date: _____

Written name and relationship to child (if under 18): _____

____ Initial here only if you DO NOT CONSENT TO PHOTO/VIDEO