



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, risks from vehicles, equipment, materials and other persons, route/trail/water/weather/traffic conditions, risks associated with water or fires, including but not limited to drowning or burns, illness or infection. 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 “do not consent to photo/video,” I also authorize Cleveland Metroparks and its partners in presenting the Program to use, reproduce, and/or public photographs, video or audio that may pertain to my child, including my child’s image, likeness, and/or voice without compensation, including in publications, public affairs, and for commercial purposes.

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*

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

DATE OF OUTING: \_\_\_\_\_

### Medical Information

Name of Participant \_\_\_\_\_ ("your child")

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

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

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

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work or Other)

**Personal Medical History** List any allergies your child has, including reactions to insect bites/stings, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products:

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

Have any of these allergies resulted in anaphylaxis?  Yes  No

-If yes, will your child be bringing an epinephrine injector to the Cleveland Metroparks program?  Yes\*  No

Will your child be bringing an inhaler to the Cleveland Metroparks program?  Yes\*  No

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

Medication/Dosage

Reason/Ailment

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

If nonprescription (including topical) or prescription medications are to be given to a minor during the program by *Cleveland Metroparks staff*, complete the Request for Administration of Medication Form. \*

Does your child have any medical conditions, medical history, or other concerns that may impact your child's participation in the program?  Yes  No

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

Does your child require a special accommodation from Cleveland Metroparks for any reason to participate in the program?

Yes  No

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

\_\_\_\_\_

Does your child require specific dietary needs (e.g., does not eat pork)?  Yes  No

If so, please describe:

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Sunscreen  Yes  No Bug spray  Yes  No Hand sanitizer  Yes  No