



# CLEVELAND METROPARKS

## Liability Waiver and Release

### Information

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: M  F

Parent/Guardian Name (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Date(s) of activity: \_\_\_\_\_ Email: \_\_\_\_\_

**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 volunteer activities such as clearing vegetation, making a pad of stone, planting a ring of grass, building, staining and installing picnic tables and waste bins as part of Chris Sherman's Eagle Scout Project on September 10, and 17, 2016 and other dates as needed: \_\_\_\_\_ (dates) at Bradley Woods Reservation in Cleveland Metroparks Reservations.

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; complications due to chemically spraying plants, falls, contact with other participants, the effects of weather, misuse or failure of equipment, or other injuries such as sprains, strains, twists, contusions, concussions, cuts, lacerations, heat exhaustion, frostbite or hypothermia, poison ivy, from volunteer activities. 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 Cleveland Metroparks, nor any of its supporting sponsors, assume any responsibility or liability with respect to my (or my child/ward) 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 Cleveland Metroparks, all sponsors, representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of my participation (or my child/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.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your minor child/ward, as follows (if the participant is under 18 years of age, the parent/guardian must sign).

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent Name (if volunteer under 18)

\_\_\_\_\_  
Parent Signature (if volunteer under 18)

\_\_\_\_\_  
Date

**Please read and sign the photo and video release on backside of page**



## CLEVELAND METROPARKS

Short Term Volunteer

### Photo and Video Release

**PLEASE READ & SIGN WAIVER:** 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/ward) 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.

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**).

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent Name (if volunteer under 18)

\_\_\_\_\_  
Parent Signature (if volunteer under 18)

\_\_\_\_\_  
Date

**MEDICAL TREATMENT INFORMATION MUST BE COMPLETED ON NEXT PAGE**