

Hold Harmless Agreement
RELEASE & WAIVER FORM

In consideration of permission to participate in the 18th Annual Big Creek Watershed Clean Up on Saturday, June 4, 2016 from 9:00am - Noon, sponsored by the Cuyahoga Soil & Water Conservation District, with support from the City of Cleveland, City of Cleveland Water Pollution Control, City of Brooklyn, City of Parma, City of Parma Heights, Big Creek Connects, Bellaire-Puritas Development Corporation/MyCom, Northeast Ohio Regional Sewer District, and any and all others who sponsor and/or participate in this event (hereinafter known as "sponsors") and recognizing that this event will involve activities which require some lifting and because of their close proximity to the stream are inherently dangerous, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge sponsors and their respective employees, officers and agents from any and all liability for personal injury or property damage of any kind sustained in association with participation in the program, whether such personal injury or property damage is caused by the negligence of the sponsors or their respective employees, officers, agents or otherwise. I agree to indemnify and hold harmless the sponsors, their respective employees, officers and agents from all liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from my participation in the Big Creek Watershed Clean Up event.

I further agree to abide by all applicable rules and regulations promulgated by the sponsors and agree to follow the instructions of all supervisors and/or instructors who are connected with this activity.

I have read and fully understand the foregoing and intend to be bound by it. With my signature, I join the sponsors.

Participant Signature/ Date

Participant Name Printed

Address (Number, Street, City & Zip Code)

() _____
Telephone Number

Signature of Parent or Guardian
(if under 18 years of age)

Parent/Guardian Name Printed

PLEASE TURN OVER FOR PUBLICITY WAIVER!!!!!!

18th Annual Big Creek Watershed Clean Up Publicity Waiver
June 4, 2016 - Permission to photograph (optional)

Your signature below indicates you grant Cuyahoga Soil & Water Conservation District, City of Cleveland, City of Cleveland Water Pollution Control, City of Brooklyn, City of Parma, City of Parma Heights, Big Creek Connects, Bellaire-Puritas Development Corporation/MyCom, Northeast Ohio Regional Sewer District, and any and all others who sponsor and/or participate in this event permission to photograph you, _____, or your child, _____, and further agrees to allow these entities to use the resulting images for promotional purposes.

x _____ Date _____
Participant

x _____ Date _____
If under 18, Parent/Guardian signature



CLEVELAND METROPARKS

Medical Information and Consent to Treatment

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: _____

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

1. Name: _____ Relationship: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____ (Home) _____ (cell) _____ (Business)

2. Name: _____ Relationship: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____ (Home) _____ (cell) _____ (Business)

Medical History

List any special dietary needs that you (or your child/ward) have: _____

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
_____	_____
_____	_____

Has your child had in the past or currently have any of the following:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> cognitive delays | <input type="checkbox"/> learning disability | <input type="checkbox"/> separation anxiety |
| <input type="checkbox"/> allergies | <input type="checkbox"/> diabetes | <input type="checkbox"/> limited mobility | <input type="checkbox"/> other |
| <input type="checkbox"/> asthma | <input type="checkbox"/> extreme fears <input type="checkbox"/> asthma | <input type="checkbox"/> modified diet | |
| <input type="checkbox"/> autism | <input type="checkbox"/> hearing/visually impaired | <input type="checkbox"/> 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: _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

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).**

Volunteer Name (please print)

Volunteer Signature

Parent Name (if volunteer under 18)

Parent Signature (if volunteer under 18)

Date

WAIVER MUST BE COMPLETED ON OTHER PAGE



Cleveland Metroparks Adult Waiver

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 short term volunteer project for the Annual Big Creek Watershed Clean Up with volunteer activities to remove litter, debris, limbs, sticks, and other various items on Saturday, June 4, 2016 at the Big Creek Reservation in Cleveland Metroparks.

I waive all claims that I might have based on any of those and other risks typical in this type of volunteer activity. I am aware staff/volunteers may provide support for this volunteer activity, 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 the Cleveland Metroparks, nor any of its supporting sponsors, assume any responsibility or liability with respect to my (or my child/ward) participation in this volunteer activity. 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 the 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 volunteer activity, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

PLEASE READ & SIGN PHOTO AND VIDEO RELEASE: 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. I agree and hereby waive all claims against any person or organization utilizing this material.

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 (PRINT)	SIGNATURE	EMERGENCY CONTACT #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

This Waiver and Release is intended to be one sided. Please do not alter in any way.



CLEVELAND METROPARKS

Short Term Volunteer (under 18 years old)

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 short term volunteer activities project for the Annual Big Creek Watershed Clean Up to remove litter, debris, limbs, sticks, and other various items in the Big Creek Reservation on Saturday, June 4, 2016.

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