\_Birding \_by\_Ear\_Waiver (1).

Activities are often physically demanding and challenging. Programs may

expose participants to certain risks such as, hazards of travel in steep and rugged terrain, weather and

forces of nature such as extremes of temperature, lightening, risks associated with water related activities, potential injuries from interactions with animals or plants, and unintentional acts of negligence by other children. To limit risks, participants must listen and follow the directions given by Outdoor Recreation leaders and volunteers.

CLEVELAND METROPARKS

Outdoor Recreation

Medical Treatment Release

In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to obtain

first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks choice

Name of Participant: Milena Zavoli

Program name and Dates when release is effective: Birding by Ear, August 22, 2 - 4 p.m.

Emergency Contact:

Name: Shawn Martin

Address: 11406 Clifton BLVD.

City, State, Zip: Cleveland, OH 44102-1421

Relationship: Fiance Phone #216-939-0502

Medical History:

Special Dietary Needs

Do you (or your child/ward) have any allergies, including reactions to insect bites/stings and food? (List): No

Are you (or your child/ward) taking any medication? NO

Medication Reason/Ailment

Is there any history of medical problems or special circumstances we should be aware of? NO

Medical Ins. Co. Medicare Physician/Ph #N/A

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself or, in my absence, for the minor child/ward listed.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (216) 939-0502

(by adult participant or guardian of minor child/ward)

Address: 11406 Clifton BLVD.

City/Zip Cleveland, OH 44102-1421

CLEVELAND METROPARKS

Outdoor Recreation

Waiver and Release

(This form must be completed and returned to the program administrator before any program participation)

Participant’s Name Milena Zavoli Birth Date: 02-28-1958

Parent/Guardian Name (if applicable) N/A

Address 11406 Clifton BLVD. Cleveland, OH 44102-1421

Phone: (216) 939-0502 (Home) (216) 939-0502 (Business)

PLEASE READ CAREFULLY

(Provisions in parentheses apply if the waiver is signed for a minor or ward)

As part of the consideration tendered for myself (or my child/ward) being permitted to participate

in: Birding by Ear, August 22, 2 - 4 p.m.

I agree (for and on behalf of myself and my child/ward) to, and do hereby, waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (or my child/ward’s) participation in: Birding by Ear, August 22, 2 - 4 p.m.

PHOTO RELEASE (please read and sign below)

I authorize Cleveland Metroparks to publish, display, or use all photographs in which I appear, without limitation.

(If the participant is a minor, the parent(s)/guardian(s) must sign)

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

Participant Date: 08-22-2013

Parent/Guardian Date:

Essential Eligibility Requirements

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In order to ensure the safety of all participants, individuals must meet certain essential eligibility

requirements to participate in Outdoor Recreation programs.

Please feel free to call our office @ (216) 341-1704 to further discuss any of the following.

Outdoor Recreation’s General Essential Eligibility Requirements: A participant….

1. …must meet minimum age and pre-trip meeting requirements for each individual program.

2. …must meet program fee requirements for each individual program.

3. …must be able, either alone or with the aid of a personal care attendant to perform activities of daily living, These include but are not limited to:

restroom use, dressing, eating, maintaining proper hydration and transfers.

4. …must refrain from use of alcohol, tobacco and any illegal drugs during an Outdoor Recreation program.

5. …must refrain from behaviors that pose a risk to themselves and/or others.

6. …must be able, either alone or with the aid of a personal care attendant, to manage, administer and protect any prescription medications currently prescribed

to him or her. All medications, including over-the-counter medications shall be declared in medical history section of the registration form.

7. …must be able, either alone or with the aid of a personal care attendant, to follow three step directions and make reasonably safe judgments.

8. …must be able, either alone or with the aid of an augmentative communication device or a personal care attendant, to communicate needs, information about the environment, or social conversation.

9. …must be able, either alone or with the aid of a personal care attendant, to attend to and participate in outdoor recreational activities and to learn and initiate recreational skills that can be applied to other settings.

10. …must be able, either alone or with the aid of a personal care attendant, to effectively engage in socially adaptive modes of behavior in individual and group social interaction.

list end

Outdoor Recreation’s Water Programs: A participant…

11. … must be able to independently wear and maintain wearing a properly fitted PFD (Personal Flotation Device) during all water programs.

12. …must be able to independently demonstrate a safe wet exit; (we will teach you how)

13. …must be able, in the event of an unexpected capsize, to independently demonstrate the ability to self-right him or herself from face down to face up position while wearing the appropriate PFD during all water programs. (To ensure mouth is above water after entry).

14. …must be able to independently hold their head and neck upright (without restraints) while paddling, in order to maintain proper body positioning; avoid an unexpected capsize and freely exit watercraft

15. …must be able, in the event of an unexpected capsize, to independently maintain a seal with their mouth during all water programs to avoid aspiration. (Please no artificial respirators).

list end

Outdoor Recreation’s Terrain Programs: A participant…

16. …must be able, either alone or with the aid of a personal care attendant, to ambulate at least 2 miles on rough terrain during hiking/snowshoeing programs.

17. …must be able, either alone or with the aid of a personal care attendant, to carry their own gear on camping/backpacking trips.

list end

I have read and understand the above essential eligibility requirements. I meet the essential eligibility requirements to participate safely in Outdoor Recreation programs.

Please Print Name (Participant or legal guardian)

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

Date: 08-22-2013

Signature (Participant or legal guardian)

DATE: 08-22-2013