

**Cleveland Metroparks Liability Waiver and Release**

**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 **Dog Paddle & Pet-a-Palooza, on August 27<sup>th</sup>, 2017**

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment. 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**).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRINT**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Additional Adult Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Number of People: \_\_\_\_\_

Number of Dogs: \_\_\_\_\_

Date: August 27, 2017

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

<b>For Office Use Only</b>	
Donation Amount Received	\$