RELEASE AND WAIVER FOR A MINOR

I/We, the undersigned, parent(s)/guardian(s) of _____ who is or may be a student under the age of eighteen (18), do hereby grant permission for said student to participate in the _____ project. In consideration of said student being allowed to participate in said project, I/we, intended to be legally bound, hereby for myself/ourselves, the student, my/our heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge Summit Metro Parks and their employees, representatives, officers and agents from any and all liability for bodily injury or property damage of any kind sustained in association with the participation in said project, whether such bodily injury or property damage is caused by the negligence of Summit Metro Parks or their employees, officers, or agents, or otherwise.

I/We covenant and agree to indemnify and hold harmless Summit Metro Parks, their 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 the participation of said student in the project.

I/We further agree that said student will abide by all applicable rules and regulations promulgated by Summit Metro Parks, *and further agree to provide the requested medical information and consent to treatment information provided on the reverse side of this form.*

APPEARANCE RELEASE:

The undersigned, together with my child/ward agree to participate and grant permission to photograph, record and use my name, likeness, movements and voice (hereinafter "likeness") for purpose of development, production, distribution, exhibition, advertising, publicity, promotion and other commercial or non-commercial uses of Summit Metro Parks. I, and on behalf of my child/ward, hereby assign and transfer to Summit Metro Parks all of our interest in the copyrights and the photographs and/or audio-visual works in which my or my child/ward likeness appears.

☐ agree ☐ disagree

I/we verify I have read this consent and with free will and full understanding of the terms agree.

REGISTRATION INFORMATION:

Name of Participant: _____ Pronouns: _____ Age: ____

Email: _____

Zip Code: _____

Phone #: _____(Home) _____ (Cell)

_____
Parent/Guardian Signature

_____
Parent/Guardian's Printed Name

_____
Parent/Guardian Signature

_____
Parent/Guardian's Printed Name

_____
Date

MEDICAL INFORMATION AND CONSENT TO TREATMENT

Summit Metro Parks

EMERGENCY CONTACT INFORMATION (Please circle the number to call first in an emergency.)

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

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

MEDICAL HISTORY

List any special dietary needs that your child/ward has: _____

List any allergies, including reactions to insect bites/stings and food that your child/ward has: _____

_____

Is 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:

☐ ADD/ADHD	☐ cognitive delays	☐ learning disability	☐ other
☐ allergies	☐ diabetes	☐ limited mobility	☐ modified diet
☐ asthma	☐ extreme fears	☐ recent surgery/injury	
☐ autism	☐ hearing/visually impaired	☐ separation anxiety	

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), Summit Metro Parks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Summit Metro Parks' 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).

Signature: _____

«LMM:05012023»