



9160 Robinson Road
 Chardon, Ohio 44024
 440-286-9516
 www.geaugaparkdistrict.org

GEAUGA PARK
 DISTRICT

Child Permission & Waiver Form

Child's Name: _____ Program: _____ Date: _____

WAIVER OF LIABILITY

The undersigned individual does hereby release, discharge, hold harmless and acquit Geauga Park District, its Board, its employees and its agents from any and all liability which may arise from his/her and/or his/her family's participation in Geauga Park District's Nature programs. It is understood that the undersigned exercises the waiver knowing fully the circumstances of these activities and knowingly accepts any risks involved therein.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Park District's authority when parents/guardians cannot be reached.

EITHER PART I OR PART II MUST BE COMPLETED BELOW; PLEASE CHOOSE JUST ONE

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (*home phone*) or _____ (*cell phone*) or _____ (*other parent/guardian*) at _____ (*his/her phone*) have been unsuccessful, I hereby give Geauga Park District my consent to contact one of the following, or any other licensed medical provider:

Doctor's Name/Phone: _____

Dentist's Name/Phone: _____

Preferred Hospital: _____

for emergency medical treatment deemed necessary and, if necessary, to transport my child to preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (for dental procedures) concur with the necessity for such surgery and are obtained prior to the performance of such surgery. Facts of the child's medical history, including allergies, medications being taken and any other physical impairments to which a physician should be alerted:

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Parent Email Address: _____

PART II: REFUSAL TO GRANT CONSENT *** DO NOT COMPLETE IF YOU SIGNED PART I ***

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Geauga Park District to take NO ACTION or to:

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE BOTH SIDES



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MULTIMEDIA RELEASE FORM

PURPOSE: Geauga Park District intends to maintain a current collection of photographs and videos to document its events and activities, especially those depicting engaged adults and children. These may appear in Park District slideshows, displays, news releases or publications; on the Park District's social media pages or website; or in other publications featuring Geauga Park District. Likewise, we recognize your right to privacy and understand that you or your family may object to having your image used in these ways.

EITHER PART I OR PART II MUST BE COMPLETED BELOW; PLEASE CHOOSE JUST ONE

PART I: TO GRANT CONSENT

By signing below, I:

- grant Geauga Park District, its representatives and employees the right to take photographs, videos and other multimedia recordings of me and/or my family in connection with this program.
- authorize Geauga Park District, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
- agree that Geauga Park District may use the results with or without my name and/or my family's names and for any lawful purpose, including publicity, illustration, advertising and web content.
- have read and understand the above.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

PART II: REFUSAL TO GRANT CONSENT * DO NOT COMPLETE IF YOU SIGNED PART I *****

I do NOT give my consent for the above listed uses of multimedia depicting me and/or my family.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE BOTH SIDES