



WAIVER OF LIABILITY

Activity _____
Dates of Activity _____
Location of Activity _____
Name of Participant _____ Age if under 18 _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

PARENTAL RELEASE

I as parent or guardian of the above named participant, in consideration of the acceptance of his/her entry, hereby join and confirm the above waiver and release. I certify that my child has listed his/her true age and that he/she does not have any physical and/or mental deficiencies which may be aggravated, or in any way endanger him/her, by traveling to, or participating in the above listed program.

Parent/Guardian Signature _____ Today's Date _____

WAIVER

I understand the above stated activity has potential risk. I assume all risks associated with this activity. Having read this waiver and in consideration of its acceptance, I and anyone entitled to act on my behalf, waive and release Mill Creek MetroParks, their officers and employees, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this activity.

Signature _____ Date _____

Parent's Signature _____ Date _____

(if participant is under 18 years old)

MEDICAL INFORMATION AND WAIVER

List below any health considerations your child has; allergies, heart problems, asthma, medications, etc.

Doctor's Name _____ Phone _____ - _____ - _____

Relative or neighbor who can be reached or know how to reach me if I am not home:

_____ Phone _____ - _____ - _____

Preferred Hospital _____

Parent/Guardian Signature _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

EMERGENCY CONTACT

Name _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____