An After School Citizen Science Program
for Middle & High School Students (minimum age: 12)
Get Close! Dig In! Get Wet! Get Real! Go Wild!
Apply now! Free!
Engage in Real Research, Adventure, Exploration!
Where: West Creek Reservation
2277 West Ridgewood Drive
Parma, Ohio 44134

Move Your Research Findings to Citizen Action!
Make a Difference!

**Be a Hero!**

Begin Your Quest: Tuesday, July 25, 2017
Environmental Hero Summer Research & Orientation
Week One: Tuesday, July 25 - Friday, July 28 and
Week Two: Monday, July 31 – Friday, August 4, 2017
9:30a.m. – 3:00p.m.

Meet Wednesdays After School 4:30p.m. – 6:30p.m. Throughout the Year
Beginning **Wednesday**, September 13, 2017

**Apply now for this FREE After School Program**
Completed Applications Due June 15, 2017

Arrangements will be made to interview eligible applicants.
Have you got what it takes to be an Environmental Hero?

Check this out!
This unique collaboration of the Cleveland Metroparks and The Leonard Gelfand STEM Center at Case Western Reserve University will use the necessary tools and resources to build a skilled corps of 12-19 year old youth to effectively demonstrate the ability to understand complex environmental issues through hands on science and to use that understanding to contribute to the body of research and to support efforts to preserve and protect our own local environmental assets.

On becoming a

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On becoming a

Explore and learn about West Creek Reservation
Step into the past to understand the present
Learn from experts
Meet representatives of stakeholder organizations: e.g. Regional Sewer District
Develop your research questions around the following investigation: What factors impact the abundance and distribution of amphibians and reptiles in West Creek Reservation?
Make predictions
Build your observation skills
Conduct Field Research with research quality tools: electronic probeware, field equipment
Get your hands in it, on it, around it: dig, dip, net, examine: plants, critters, water
Use GPS tools, field guides, maps
Capture the moments: photograph it, video tape it
Put all the research data together, analyze it, present results and recommendations
Make New Friends
Make a Difference

Check Here:
___I CAN DO THIS! AND, I CAN BE AN ENVIRONMENTAL HERO!
The Leonard Gelfand STEM Center—Case Western Reserve University and The Cleveland Metroparks present **Environmental Heroes**, an engaging after school citizen science program for middle and high school aged youth interested in science and exploration. Inspired by the work of individuals and groups around the region and around the country with a commitment to protecting our environment and preserving and conserving parks and natural places, the Environmental Heroes Program was born.

Youth involved will conduct real science informed by naturalists, researchers, and educators invested in efforts to understand, restore and protect habitats in the Cleveland Metroparks system. Select youth will: conduct field research in the West Creek; collect and analyze data; and present their findings.

Beginning July 25, 2017, select youth will participate in a two week long (July 25 through August 4, weekdays) summer research instruction in the West Creek Reservation. Each day, these citizen scientists will trek outside to develop and practice their observational skills, learn about habitats, riparian areas, and more. Methods of research will be introduced. More than that….this developing group of Environmental Heroes will actively engage in research…get close, dig in, get wet, get real, go wild. And have fun!
Application Statement of Understanding

Please read this section carefully and, if agree, sign in the space provided below.

Commitment: Participants are asked to make a two year commitment to the research and will be expected to complete assignments outside of the weekly after school sessions. Those assignments will be related to the research or related to preparation for presentations and/or special programs. Required reading: a weekly memo summarizing the week’s work and plans for upcoming weeks. Note: As individuals move through high school, higher level research activities may be assigned.

Environmental Heroes should be in good health and physically fit with an eagerness and will to hike to research sites. At minimum, applicants should not be afraid of water, insects, animals, plants, boats, getting wet and dirty, or the out of doors. If mom, dad, grandma, or anyone else is forcing you to enlist, this is not the program for you! Participants must demonstrate that they are self-motivated to conduct the research.

Throughout the program, regular communication will be expected weekly via e-mail and/or other secured electronic resources (e.g. designated web site, conference calls). Participants are expected to respond to communications and exchange information among participants around this program and the research.

Computer skills in Microsoft Office software packages will be helpful in compiling reports and building research plans. Internet and library research skills are welcomed and will be developed over the program period.

Some activities will be photographed or filmed and used in presentations and promotional materials for the Cleveland Metroparks and Case Western Reserve University.

Environmental Heroes will be Ambassadors of the program, disseminating information and experiences to a variety of audiences.

It is the policy of the Cleveland Metroparks and Case Western Reserve University not to discriminate on the basis of race, color, age, sexual preference, political affiliation, religion, marital status, national origin, handicap or disability in its programs and activities. No person shall be denied consideration solely because of any impairment that is unrelated to the ability to engage in activities involved in the program for which application is made.

The unlawful distribution, manufacture, possession, sale, dispensation, or use of illicit drugs and alcohol while engaged in the Environmental Heroes program is strictly prohibited. The illegal use of drugs and alcohol is inconsistent with the behavior expected of Environmental Heroes.

Possessing weapons of any kind (guns, martial arts weaponry, etc.) or explosives (including fireworks) while participating in the program is cause for immediate dismissal.

Anyone who engages in illegal behavior that is in violation of US Federal, State or Local laws of any kind while in this program shall be held accountable for their actions and potentially dismissed from the program.
The Cleveland Metroparks and Case Western Reserve University reserve the rights to change the scope of the program, including but not limited to the research site(s), the number of participants, and the program’s timeline.

It is understood that individuals participate in many activities both in and outside of a traditional or nontraditional school setting. In considering this program, applicants are asked to honor the stated commitment, not over commit themselves to other programs, but to carefully choose how they prefer their out of school time be spent. Please do not apply if you cannot participate regularly.

For more information, please call Kathryn Kwiatkowski, Director, Math and Science Programs, The Leonard Gelfand STEM Center, Case Western Reserve University, 216-368-5075, or e-mail: kmk21@case.edu. Thank you!

I_____________________________________have read the above and understand my responsibilities if selected as an Environmental Hero participant. I agree to contribute as a member of the overall team which includes fellow Environmental Heroes, staff of Case Western Reserve University and Cleveland Metroparks, and area professionals and experts.

______________________________________________________           __________
Signature of Applicant        Date

______________________________________________________          __________
Signature of Parent/Guardian       Date

Although an interest in science is most valuable for this program, we are also looking for students with diverse interests that may include but not be limited to art, history, political science, and technology. Heroes will work in teams and must demonstrate their ability to get along with and work with others safely and effectively.
Application Instructions

All applicants must complete the application material described below and submit the completed documents, by June 15, 2017, to:

K. Kwiatkowski
The Leonard Gelfand STEM Center
Case Western Reserve University
Guilford House 412
10900 Euclid Avenue
Cleveland, Ohio 44106-7158
Electronic submissions are also acceptable:
e-mail kmk21@case.edu or fax: 216-368-5465

Interviews will be arranged for eligible applicants. Only six new applicants will be selected for the 2017-2018 period.

Applications must be completed in blue or black pen or typed. Please print clearly.

Two short essays: On separate sheets of paper, and included in the application packet, please submit two typed 300-350 word essays in Times New Roman or Times font no smaller than a font size of twelve (12). Please indicate the number of words at the bottom of each essay page. The topics for each essay are as follows:

1. Describe any area of science, technology, engineering, and/or math that you find exciting. Please be sure to tell why it is exciting or interesting.

2. Because Environmental Heroes generally have a variety of interests, hobbies, skills, and experiences in and out of a school setting, please share what you would be able to contribute to the program.

Signed Hold Harmless Agreement
Signed and Completed Application Statement of Understanding
List of all extracurricular activities and leadership positions.
ENVIRONMENTAL HEROES APPLICATION 2017-2018
(Please Print)

Name:

_____________________________ ___________________________________________________
First Name                                MI.              Last Name

Home Address:___________________________________________________________

P.O. Box and/or Street Number and Street Name

City ___________________________State________________Zip_________________

Home Phone:_______________________________

(Area Code and number)
Name of School & Address________________________________________________

School District:__________________________________________________________

Parent Daytime Phone and/or Cell Phone Number:_________________________________

(Area Code and number)
Date of Birth:____________________________________

Applicant E-mail address:__________________________________

Parent or Guardian’s E-mail address:______________________________________

Parent/Guardian(1):
First Name                                     MI                 Last Name

Parent/Guardian (2):
First Name                                    MI                   Last Name

Emergency Contact other than Parent/Guardians

First Name                                     MI                 Last Name

Please indicate relationship (brother, sister, grandmother, etc.)

_______________________________

Phone Number:_______________________________

(Area Code and number)

I certify that (name of youth)__________________________________________ is in
relatively good health and able to participate fully in program activities:

_______________________________________________________________________

Signature of Parent or Guardian                                                            Date
Environmental Heroes Interest Questionnaire

The Environmental Heroes program invites middle and high school level students (minimum age: 12) with diverse interests to participate in this citizen science program. Please indicate which items in the list below are in your top ten areas of interest. Please rank them in your order of preference from 1-10, with 1 being the most interesting, 10 not a top interest. Your rankings will not determine whether or not you participate. It is only one way of getting to know the diverse interests of participants. You may add any other interest(s) not listed, but you believe valuable, on the blank lines below. Thank you!

__Art__  __Geography__
__Astronomy__  __Geology__
__Biology__  __Journalism__
__Chemistry__  __Mathematics__
__Computer Science__  __Medicine__
__Construction Trades__  __Music__
__Engineering__  __Social Sciences__
__Exploration__  __Writing__

Other key interests:
________________
________________
________________
________________
________________
________________
________________
List of All Extracurricular Activities and Leadership Positions

Student’s Name: ____________________________________________________________

Last       First           Middle

School Or Organization Name: ____________________________________________

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2015-June 2015):

Volunteer ______ Appointed _____ Elected_______

*************************************************************************

School Or Organization Name: ____________________________________________

Activity or Leadership Position & Description:

Volunteer ______ Appointed _____ Elected_______

*************************************************************************

School Or Organization Name: ____________________________________________

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2014-June 2015):

Volunteer ______ Appointed _____ Elected_______

*************************************************************************

School Or Organization Name: ____________________________________________

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2015-June 2016):

Volunteer ______ Appointed _____ Elected_______
List of All Extracurricular Activities and Leadership Positions

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2015-June 2015):

School Or Organization Name: ____________________________________________

Volunteer ______ Appointed _____ Elected_____
***************************************************************************
School Or Organization Name: ____________________________________________

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2015-June 2016):

Volunteer ______ Appointed _____ Elected_____
***************************************************************************

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2013-June 2015):

Volunteer ______ Appointed _____ Elected_____
***************************************************************************

Activity or Leadership Position & Description AND
Duration of Activity or Service (e.g. weekly, Jan 2016-June 2016):

Volunteer ______ Appointed _____ Elected_____
***************************************************************************

These pages may be duplicated if necessary.
Hold Harmless Agreement and Release

I, ______________________________________, certify that I am the parent and/or legal guardian of (Please print name of parent/guardian)
________________________________________________ who is registered to participate in the following activity: Environmental Heroes, offered by the Leonard Gelfand STEM Center -Case Western Reserve University and The Cleveland Metroparks-West Creek Reservation. This after school program begins Wednesday, September 13, 2017, with pre-program weeks of research preparation and orientation, Tuesday, July 25-28 and July 31 – August 4, 2017.

I declare and recognize that it is in the above named minor’s best interest, as well as that of other participants, to follow the suggestions, guidelines, and/or rules of the program and the program leaders, coordinators and/or supervisors and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with Case or the Cleveland Metroparks.

I understand that participating in this activity may involve exposure to risks, including the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs are strictly prohibited and could result in the above named minor’s dismissal from further participation in the program. If I have any questions about the nature of the program, its risks or hazards, I have contacted the activity’s coordinator and/or supervisors and have discussed those questions with him/her to my satisfaction.

I understand that any Case or Metroparks personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this experience. I further understand that Case or the Metroparks does not carry medical or liability insurance for the above named minor while he/she is participating in this activity. By placing my signature below, I acknowledge to Case and the Metroparks that I have adequate medical and hospitalization insurance for any injuries that the above named minor may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for the above named minor’s participation in this activity, agree to hold the supervisor(s), coordinator(s) of this activity, Case, the Cleveland Metroparks, its Board of Trustees, agents, officers, employees, and student or adult volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal or otherwise, which the above named minor may incur as a result of his/her participation in this activity(ies), even if due to the negligence of Case, The Cleveland Metroparks, or any person serving in the above identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Case Western Reserve University and the Cleveland Metroparks, its agents, officers, and employees against any action brought against Case and/or The Cleveland Metroparks by the above named participant, including, but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above named minor. All participants must sign below. If participant is under 18 years of age, a parent signature is also required.

__________________________________________________________ Date:________________
Signature of Participant
__________________________________________________________ Date:_______________
Signature of Parent/Guardian

Address: __________________________________________________________________
ENVIRONMENTAL HEROES 2017-2018

Emergency Medical Authorization Form

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in Environmental Heroes 2017-2018 when parents or guardians cannot be reached.

PLEASE COMPLETE ALL

Participant Name____________________________________
Address __________________________________________

________________________________________________
Home Phone ______________________________________
Cell Phone _________________________________________
Birth Date _________________________________________

RESIDENTIAL PARENT OR GUARDIAN

Mother’s Name ____________________ Daytime Phone ________________
Father’s Name ____________________ Daytime Phone ________________
Legal Guardian or Other’s Name __________________________

Daytime Phone __________________________

Name of Relative or Childcare Provider:
____________________________________ Relationship _______________________
Address _____________________________ Phone ___________________________

PLEASE COMPLETE ALL
PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _______________________________  Phone _____________________________

Dentist _______________________________  Phone _____________________________

Medical Specialist ______________________  Phone _____________________________

Local Hospital _________________________  Phone _____________________________

Emergency Room

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for
(1) the administration of any treatment deemed necessary by above named doctor, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and
(2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Date _____________________

Signature of Parent or Guardian ________________________________

Address

______________________________________________________________________________
PART II – REFUSAL TO CONSENT (Do not complete if you completed Part I)*

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action be taken.

Date ____________________  
Signature of Parent or Guardian ________________________________

Address _____________________________________________________

________________________________________________________________

*Note: Case or the Metroparks may exercise the right to refuse to accept a student whose parents have not given consent for medical treatment.
Orientation Week One: Tuesday, July 25 – Friday, July 28 and Week Two: Monday, July 31 – Friday, August 4, 2017, 9:30a.m. – 3:00p.m.

After School: Wednesdays Beginning September 13, 2017

To fully experience this adventure, we hope and expect that participants will engage in all of the planned activities. Should an individual’s ability to participate in specific activities be limited due to health or religious reasons, please advise staff as soon as possible.

Program Consent: This after school experience is entirely voluntary. Participants will be asked to work in teams and are asked to accept responsibility for sharing in the work assigned to a team. It is hoped that working together will result in successfully accomplishing the research and reporting tasks. To ensure that each participant has a positive experience, each participant is asked to agree to abide by a number of rules and codes of conduct.

Honor Code:

The honor code establishes standards and expectations for student behavior and reflects the commitment to have a safe and enjoyable learning experience.

In order to create a safe and successful experience, I agree to:

- Always act with honesty and personal integrity
- Always treat all other participants, staff, experts, park visitors, and program guests with respect, regardless of their age, gender, ability, religion, race, or sexual orientation
- Always treat all facilities and property with respect and care
- Always observe all program rules and cooperate with staff

The program staff agrees to honor this code, too!

Director: _______________________________________________________
Kathryn M. Kwiatkowski, Date:___________________

Participant Name _______________________________________________________
Please print: First Name, Middle Initial, Last Name

Participant Signature__________________________________________Date:______

Parent or Guardian Signature___________________________________________Date:______

Your signature above indicates that you fully understand the Honor Code and pledge to uphold its principles to the best of your ability while a participant in the Environmental Heroes Program.
Environmental Heroes

General Behavior and Discipline Policies:

The goal of any program is to have fun and learn in a healthy and safe environment. In order to ensure each participant’s safety and enjoyment as much as is reasonably possible, we ask everyone to adhere to the following, on site and off site, while participating in program activities:

- Refrain from using foul, abusive, or offensive language at all times
- Keep pagers, cell phones, and other electronic devices off throughout the scheduled program
- Refrain from carrying or using weapons of any kind, explosives (includes fireworks of any kind), illegal drugs or alcohol
- Refrain from treating other participants, staff, and/or guests rudely
- Fighting, assault, violence, and/or physical intimidation (bullying) will result in dismissal from the program.
- Tampering with fire equipment or theft of or causing damage to University or Park’s property or the property of any of the sites visited will result in dismissal and financial penalty.
- To accomplish a variety of tasks during this program, students will be using computers with access to the internet. Participants are to refrain from mining for or navigating on sites identified as inappropriate for youth.

Participants will be warned about any infraction. Parents will be called for the most serious infractions.

Program Provisions:

Participants will be provided snacks during the after school program. Please advise camp staff of any food allergies or restrictions.

Participants are asked to dress appropriately for the weather. Should the weather be severe on days where outdoor events are scheduled, adjustments may be made in the schedule of events.

Parent or Guardian
Signature: _____________________________ Date: __________

I understand that photos will be taken of campers throughout the program period and that some of those photos will be placed on Case’s web site and used in future promotional materials.

Student
Signature: _____________________________ Date: __________

Parent or Guardian
Signature: _____________________________ Date: __________
Please return completed applications, by June 15, 2017 to:

Attn: K. Kwiatkowski
Case Western Reserve University
The Leonard Gelfand STEM Center
Guilford House Suite 412
10900 Euclid Avenue
Cleveland, Ohio 44106-7158

Electronic submissions to: kmk21@case.edu

Participation in Environmental Heroes is voluntary and open to middle and high school aged students (minimum age 12) regardless of race, creed, or gender.

Space is limited. Each application request will be honored in the order received and with all qualifications met.

Please contact Kathryn Kwiatkowski at (216)368-5075, or e-mail: kmk21@case.edu for more information. All registrants will receive confirmation notices.

This form may be duplicated.
CLEVELAND METROPARKS

Medical Information and Consent to Treatment

Information
Name of Participant: ___________________________ Birth date: __/__/__ Gender: M ☐ F ☐
Parent/Guardian Name (if applicable): ________________________________________________
Address: __________________________________________________________________________
City, State, Zip: _____________________________________________________________________
Phone #: ____________________ (Home) ____________________ (cell) ____________________ (Business)
Date(s) of activity: __________________________ Email: __________________________________

Emergency Contact Information (Please circle the number to call first in an emergency)
1. Name: ___________________________ Relationship: _________________________________
   Address: __________________________________________________________________________
   City, State, Zip: _____________________________________________________________________
   Phone #: ____________________ (Home) ____________________ (cell) ____________________ (Business)

2. Name: ___________________________ Relationship: _________________________________
   Address: __________________________________________________________________________
   City, State, Zip: _____________________________________________________________________
   Phone #: ____________________ (Home) ____________________ (cell) ____________________ (Business)

Medical History
List any special dietary needs that you (or your child/ward) have: __________________________
List any allergies, including reactions to insect bites/stings and food that you (or your child/ward) have:
_________________________________________________________________________________
Are you (or your child/ward) taking any medication? ☐ Yes ☐ No
If yes, please list:

<table>
<thead>
<tr>
<th>Medication/Dosage</th>
<th>Reason/Ailment</th>
</tr>
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PLEASE COMPLETE BACK AND WAIVER
Has your child had in the past or currently have any of the following:

- ADD/ADHD
- allergies
- asthma
- autism
- cognitive delays
- diabetes
- extreme fears
- hearing/visually impaired
- learning disability
- limited mobility
- modified diet
- not hearing/visually impaired
- separation anxiety
- other
- recent injury/surgery

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) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metropark's choice.

This medical treatment authorization form is completed and signed by myself (or my child/ward) and is not accepted if the participant is under 18 years of age, the parent/guardian must sign.

Volunteer Name (please print)  Volunteer Signature

Parent Name (if volunteer under 18)  Parent Signature (if volunteer under 18)

Date

WAIVER MUST BE COMPLETED ON OTHER PAGE
CLEVELAND METROPARKS

Short Term Volunteer

Liability Waiver and Release

Information

Name of Participant: ___________________________ Birth date: ___ / ___ / ___ Gender: M ☐ F ☐

Parent/Guardian Name (if applicable): ____________________________________________

Address: ______________________________________________________________________

City, State, Zip: ________________________________________________________________

Phone #: __________________________ (Home) __________________________ (cell) __________________________ (Business)

Date(s) of activity: __________________________ Email: __________________________

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 placement Cleveland Metroparks staff to shadow and assist with conservation, education and recreational activities, including checking snake boards, monitoring stream quality, wetland studies, camera work, telemetry, and other tasks in the field to learn more about and physically support restoration activities, while being based out of the Watershed Stewardship Center as part of a regular weekly commitment with Environmental Heroes from Wednesday, August 17, 2016- December 28, 2016.

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; complications due to exposure to chemicals, fatigue, contact with other participants, the effects of weather, misuse or failure of equipment, or other injuries such as sprains, strains, twists, contusions, concussions, cuts, lacerations, heat exhaustion, frostbite or hypothermia, poison ivy from volunteer activities. 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).

Volunteer Name (please print) __________________________ Volunteer Signature __________________________

Parent Name (if volunteer under 18) __________________________ Parent Signature (if volunteer under 18) __________________________ Date __________________________

Please read and sign the photo and video release on backside of page
Photo and Video Release

Information
Name of Participant: ___________________________ Birth date: __ / __ / ___ Gender: M  F
Parent/Guardian Name (if applicable): ___________________________
Address: _______________________________________________________
City, State, Zip: ___________________________
Phone #: ____________________ (Home) ____________________ (cell) ____________________ (Business)
Email: ___________________________

PLEASE READ & SIGN WAIVER: I hereby authorize Cleveland Metroparks to use, reproduce, and/or publish photographs and/or video that may pertain to me (or my child/ward, having not attained the age of 18) — including my (or my child/ward) image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), multimedia exhibits or for other related endeavors. This material may also appear on Cleveland Metroparks or project sponsor's Internet Web Page and/or digital social media services.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material (if the participant is under 18 years of age, the parent/guardian must sign).

Signature: ___________________________ Date: __________

Please check if you are interested in receiving information about the completed project ______