

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

**GEAUGA PARK
 DISTRICT**

Child Permission & Waiver Form

Child's Name: _____ Program: _____ 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. *Part I or Part II must be complete.*

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's Name: _____

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 Name Signature: _____ Date: _____

Parent Email Address: _____

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

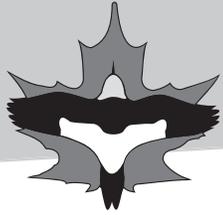
I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Geauga Park District to take NO ACTION or to:

Parent/Guardian Name Printed: _____

Parent/Guardian Name Signature: _____ Date: _____

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.

Signed: _____ Date: _____



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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 Facebook page or website, or in other publications featuring the 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. Please complete this form and return it with your other registration forms. ***Part I or Part II must be completed.***

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 my child in connection with the above identified subject.
- 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 this multimedia with or without my child's name and for any lawful purpose, including publicity, illustration, advertising and web content.
- have read and understand the above.

Parent/Guardian Name Printed: _____

Parent/Guardian Name 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 the above listed uses of multimedia depicting me and/or my family.

Parent/Guardian Name Printed: _____

Parent/Guardian Name Signature: _____ Date: _____