

YOUTH ATTENDEE FORM Please print.	
Location Visiting	Date of Visit
Group Name	Grade Level
Participant Name	Participant Age
Parent/Guardian Name	Cell Number
Full Address of Parent/Guardian	Home Phone
	Email
assume all risks associated with the activity, including but not participants, the natural environment and wildlife, animals, ins employees, agents, volunteers, or sponsors assume any respons do hereby waive any and all claims against, and agree to releas all claims related to illness, injury, including loss of life, prope in any way associated with, participation in the activity. In the	my child should not participate in the activity unless medically able to do so. I limited to: falls, trips, contact with equipment, weather effects, contact with other ects. I understand that neither Mill Creek MetroParks, nor its commissioners, officers sibility or liability with regards to my child's participation in this Activity. I agree and e, hold harmless, and indemnify all members of Mill Creek MetroParks from any and rty damage, or loss of any other description which may be sustained arising out of, in event of injury or illness, I authorize on behalf of my child Mill Creek MetroParks to ain first aid/medical treatment at the nearest and most adequate facility of Mill Creek
Parent/ Guardian Printed Name	Signature
Date	
Photo Release:	
	uce, and/or publish photographs and/or video that may pertain to my child
	ation. I understand that this material may be used in various publications,
	public service advertising, multimedia exhibits or for other related endeavors appear on Mill Creek MetroParks or project sponsor's Internet Web Page
	whedge that I have read and understand the above and release any claims
against Mill Creek MetroParks. Check one line below, a	·
I AGREE Signature	

Signature \_\_\_\_\_

Date \_\_\_\_

\_\_\_\_ I DISAGREE