

LAST NAME, FIRST INITIAL

# Volunteer Release & Waiver



Name: \_\_\_\_\_  
(Please Print)

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please check one) \_\_\_\_\_ I am 18 years of age or over  
\_\_\_\_\_ I am under 18 years of age

***(Please read carefully before signing)***

I hereby release, discharge, and hold harmless the City of Cincinnati, the Cincinnati Park Board, their agents, employees, attorneys, directors, donors, sponsors and volunteers from all claims of whatever nature, including but not limited to personal injury or death and property damage.

I understand that there are risks, known and unknown, associated with volunteering at Cincinnati Park sites, including but not limited to injury by tools and hazardous or hidden substances or materials; and I assume all such risks arising from this volunteer activity.

I understand that the Parks staff and all other volunteers are not qualified to administer emergency medical or first aid care. I consent to the securing of an emergency vehicle on my behalf in the event that I am incapacitated or injured.

I also consent to the use of my photograph, without compensation or payment, or likeness in connection with publicity or information about the Cincinnati Parks.

Please sign here if you are 18 or over: X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

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For Volunteers under age 18:

I hereby execute this release on behalf of the named minor volunteer, who is under the age of 18, and represent and warrant that I am a parent or legal guardian authorized to execute this release on behalf of such minor.

X \_\_\_\_\_ X \_\_\_\_\_  
Please Print Name Date

X \_\_\_\_\_  
Parent/Guardian Signature

# Medical Information and Treatment Authorization Form

This form is designed for those situations where minors are unaccompanied by either parents or legal guardians. It gives authority to the Cincinnati Park Board Staff to arrange for medical care for your minor child in the event of an emergency. This is extremely important, in that, medical care can not be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

Please note that medical information you share is strictly confidential and shared only with the Cincinnati Park Board staff when appropriate and Emergency Medical staff if needed.

I, \_\_\_\_\_, Parent or Legal Guardian of

\_\_\_\_\_, a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I would prefer that my child be taken to \_\_\_\_\_ Hospital. (If no hospital is listed, the child will be taken to Children's Hospital). I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Signature: \_\_\_\_\_

Please note below any medical conditions, allergies, medications, or other health concerns which should be known by the Camp Director or emergency medical personnel (attach a separate piece of paper if necessary). Please indicate "**NONE**" if no medical conditions pertain to your child.

**Note:** The Cincinnati Parks staff can **not** administer any type of medications (including insulin injections and Epi-pens). This does not preclude staff from taking emergency first aid action according to their training.