

MINOR'S FIRST AND LAST NAME:

Cuyahoga Valley National Park 15610 Vaughn Road Brecksville OH 44141

www.nps.gov/cuva www.dayinthevalley.com

Get Up, Get Out & Go! Permission Slip

Date effective: January 1, 2017 – December 31, 2017 Submit completed form at registration or mail directly to: Get Up, Get Out & Go! Cuyahoga Valley National Park, 15610 Vaughn Road, Brecksville, OH 44141

I agree not to hold the National Park Service (Cuyahoga Valley National Park), The Conservancy for Cuyahoga Valley National Park, Cleveland Metro Parks or Summit Metro Parks responsible for injury that may result from my son's/daughter's (or child I am the guardian of) participation in this event. I hereby give permission for use of photos in print or on the internet of my child participating in all Get Up, Get Out & Go! events, unless I have otherwise noted below. I also authorize Get Up, Get Out & Go! staff to secure any emergency medical treatment necessary during the event and I further assume all responsibility for the decisions so made. **Please print clearly.**

PHONE:		
ADDRESS:		
CITY:	ST:ZIP:	
Please notify staff of any n	medical conditions that may affect participation.	
possible atmosphere through times and to participate in drugs are strictly prohibite the event is also prohibited participant's immediate ref	Code of Conduct , Cleveland Metro Parks and Summit Metroparks ghout these events. Participants are expected to coall activities. Possession and/or use of alcoholic bd. Possession of weapons is strictly prohibited. Gad. Failure to remain within these guidelines at any turn home at the parent's/guardian's expense. As a lead and agree to all of the above.	opperate with all staff at all everages and/or any type of ang activity or display during time is cause for the
PARENT/GUARDIAN S	SIGNATURE:	
EMERGENCY PARENT	Γ PHONE# (cell/pager/work):	
I, the participant, have re	ead the Code of Conduct and agree to abide by it.	
STUDENT SIGNATURE	Ξ:	