

**Permission Form and Liability Waiver**  
**Colors+ Cleveland Metroparks Hiking Group Thursdays 11am-12pm**

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ (“my child”),  
give permission for my child to attend the **Colors+ Cleveland Metroparks Hiking Group**  
**Thursdays 11am-12pm.**

I understand that personal injury can and may occur to my child, and I hereby authorize **Lisa Pepera or Kristen Pepera of Colors+** or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Colors+**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child to ride in any vehicle designated by **Colors+**, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Colors+** properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

\_\_\_\_\_ (Parent/Legal Guardian Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Emergency Contact Name and Phone Number)

**Community Standards**

In accordance with **Colors+** policy the following behavior will not be tolerated at any **Colors+** youth gathering/event. Violation of these standards, or being knowingly in the presence of others violating these standards, can and will result in appropriate consequences.

\*Possession or use of alcohol, tobacco, or illegal drugs.

\*Possession or use of weapons, *including pocket knives*, firearms, and fireworks.

\*Inappropriate sexual behavior.

\_\_\_\_\_ (Parent/Legal Guardian Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Youth Signature) \_\_\_\_\_ (Date)

**This form must be completed prior to participation.**