



CAMP RULES/BEHAVIOR AGREEMENT

Lake Metroparks camps use assertive discipline techniques that are used to strengthen good behavior by the use of positive reinforcement such as verbal praise, smiles, awards, etc. Subsequently, inappropriate behaviors are subject to the below listed consequences. This helps to ensure that all campers and camp counselors have a positive, rewarding summer! Please read the rules below with your child. By signing the Camp Rules/Behavior Agreement section on the Lake Metroparks Day Camp Authorization Form, you and your child are agreeing to follow the rules and understand the consequences if you don't.

CAMP RULES

1. Treat counselors, volunteers and other campers with respect.
No name-calling or foul language.
2. Follow counselors' instructions.
3. Any electronic device brought to camp is the *campers'* responsibility.
Electronic devices may be used only during extended hours.
4. Pop may not be purchased from the vending machine unless purchased by the parent/guardian at drop off or pick up.
5. Do not bring candy to camp, unless it is part of your lunch.
6. Stay with the group.
7. Respect nature and animals.
8. If you're not sure (about anything), ask first.
9. Have fun! (no whining, moaning or groaning)

CONSEQUENCES

1. Verbal warning
2. Supervised time-out away from the group
3. Parents/guardian notified of inappropriate behavior
4. Dismissal from camp

COMMUNICATION

As necessary, communication between Lake Metroparks and parent/guardian will be via email. Please check your email daily. If you have any questions about these rules, please ask a counselor. We will do our best to fairly enforce them.



DAY CAMP AUTHORIZATION FORM

Camper's name Birth date Male/Female

Address Phone Date of last physical

Name of parent/guardian 1 Daytime phone Other phone Email

Name of parent/guardian 2 Daytime phone Other phone Email

Name of relative or childcare provider Phone

Address Relationship

Medical Insurance: Company Contract number

Health Information

Current medication (please explain how often and for what reason):

Has your child been stung by a bee, wasp, etc? YES NO More than once? YES NO What was your child's reaction? _____

Are there any recent operations, physical handicaps or any other conditions the programmer should be aware of? YES NO

Explain: _____

List all known allergies: _____

Last tetanus toxoid immunization: _____

Are there any special needs or learning disabilities? YES NO

Explain: _____

Do you grant permission to apply additional sunscreen throughout the day as needed? YES NO

Your child should arrive at camp with sunscreen already applied. It is not the liability of Lake Metroparks if your child receives sunburn while participating in camp.

Authorization for Pick-up

In the event that I cannot drop off or pick up my child for camp, I authorize the following person to do so (please advise these individuals that a photo ID will be required before Lake Metroparks staff will release your child):

Name Relationship Phone

Name Relationship Phone

X
Signature of parent/guardian Date

Media Release

I give my permission for Lake Metroparks to use photographs or similar media of my child for purposes of publicity and/or publications solely to promote Lake Metroparks and its programs.

X
Signature of parent/guardian Date

Field Trip Permission

I give my permission for my child to participate in all the offsite activities associated with the camp for which I have registered my child.

X
Signature of parent/guardian Date

Camp Rules/Behavior Agreement

I, on behalf of myself and my minor child, agree to follow the rules of Lake Metroparks and its staff during my minor child's participation in Lake Metroparks camps. I understand that any child exhibiting behavior that may cause harm to themselves, other campers or camp staff will be asked to leave the program without a refund. These behaviors include, but are not limited to, hitting, kicking, biting, sexual harassment and/or possessing weapons or illegal substances.

X
Signature of parent/guardian Date

Camp Waiver

The undersigned, our administrators, executors, successors and assigns do hereby forever release and discharge the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any and all liability which may arise from the participation in a camp at Lake Metroparks. It is further understood and agreed that the Lake Metroparks, its agents, employees, board of directors, officers and administrators have made no representations other than the definition of Lake Metroparks camp activities. It is further understood that the undersigned, our administrators, executors, successors and assigns shall save harmless the Lake Metroparks from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks as a result of Lake Metroparks camp activities by the undersigned. It is further agreed that, the undersigned, on behalf of the minor child and/or children, shall hold harmless the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks, its agents, employees, board of directors, officers and administrators as a result of participating in said Lake Metroparks camp by the undersigned or their minor children.

X

Signature of parent/guardian **Date**

Part one OR Part two must be completed:

Part one (to grant consent)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor Phone

Dentist Phone

Medical specialist Phone

Local hospital Phone

In the event reasonable attempts to contact me at above phone number or the other guardians at the above phone number have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors or above named preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

X

Signature of parent/guardian **Date**

Part two (refusal of consent) *DO NOT complete Part two if you have completed Part one*

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Lake Metroparks authorities to take no action or to:

X

Signature of parent/guardian **Date**

**WAIVER AND INFORMED CONSENT TO PARTICIPATE IN LAKE METROPARKS
FARMPARK EQUESTRIAN ACTIVITIES**

State of Ohio Equine Liability Form

NOTICE: Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety.

The Equine Activity Liability laws of the State of Ohio, 2305.321, state among its statutory provisions that “An equine activity sponsor, equine activity participant, equine professional, veterinarian, farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that results from an inherent risk of an equine activity.” **NOTICE OF INHERENT RISKS:** Equines have (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) subject to hazards, including, but not limited to, surface or subsurface conditions; (d) A collision with another equine, another animal, a person, or an object; (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Lake Metroparks Farmpark

8800 Chardon Road, Kirtland, Ohio 44094 Tel 440-256-2122 Fax 440-256-2147

WAIVER AND INFORMED CONSENT TO PARTICIPATE IN LAKE METROPARKS FARMPARK EQUESTRIAN ACTIVITIES

I, the undersigned, having read and understood the content of the document, agree and consent to the provisions contained herein. It is my intention and desire to participate in Lake Metroparks Farmpark equestrian related activities including but not limited to riding or authorization to check rides, horse-handling, ground crew, mounted games, or being present at equestrian activities as an observer or other activity related, however slight, to equestrian activities at events held by Lake Metroparks Farmpark. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved as set forth above. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules of Lake Metroparks and to obey the directions of the supervisors and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or disputes to Administrators of Lake Metroparks Farmpark for arbitration and abide by any decisions reached by such Administrators. I agree to release, hold harmless, and keep indemnified Lake Metroparks, Lake Metroparks Board of Park Commissioners, organizers and agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Ohio related to Equine Activity Liability. This agreement shall remain valid until it is revoked in writing.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

Legal Name (Please Print)

Legal Signature

Date

Camper’s name



LAKE METROPARKS

Day camp extended hours guidelines

1. If there is an emergency and you will be up to a half-hour late in picking up your child, please call one of the numbers listed below:

Lake Metroparks Farmpark 440-256-2122 or 800-366-3276
Environmental Learning Center 440-668-6408
Fairport Harbor Lakefront Park 440-639-9972
Nature camps 440-537-4928 (Children's Schoolhouse Nature Park & Chapin Forest Reservation)
Kevin P. Clinton Wildlife Center 440-256-1404 x2117
Ranger Department Dispatch 440-354-3434

2. You will be invoiced \$10 for every 15 minutes past 5:30 p.m.

3. Due to the scheduled closure rules for the buildings and for the safety of both your child(ren) and the camp counselor a Ranger will be called for assistance after 6 p.m.

4. Doors do not open for morning extended hours until 7:30 a.m. No exceptions. Please do not leave your child unattended at any of our facilities.

5. Children will only be released to the person designated on the sign-in sheet. Children may not be released to caregivers who have consumed alcohol.

6. Lake Metroparks staff will provide quiet activities for your child(ren) during extended hours. These may include "G" rated videos, board and children's card games and quiet reading time. Extended hours are provided as a public service for our campers, it is not intended to be an extension of our camp program.

Detach and return bottom portion

I have read and agree to abide by the guidelines for extended hours as written above.

Child's name

X

Signature of parent/guardian

Date