



VILLAGE OF BROOKLYN HEIGHTS
2024 Art in the Park Program
BROOKLYN HEIGHTS VILLAGE PARK

Student Volunteer
Waiver & Information

Student Name _____ Age _____ DOB _____ Grade (2024-2025) _____

Address, City _____ T-Shirt Size (circle) AS AM AL AXL

Student Cell Phone _____ Student Email _____

School if Not Cuyahoga Heights _____ Does student have Cuyahoga Heights Pool Pass (circle) **Yes No**

AS PARENT/GUARDIAN of _____, I hereby consent to his/her volunteering at the Village of Brooklyn Heights Art in the Park Program upon the expressed understanding and condition that:

- I hereby acknowledge that the Art in the Park Program for which I have given my consent to my student's volunteering is being sponsored by the Village of Brooklyn Heights Community Services Department.
- I recognize the risks of illness, injury, and other damage or loss inherent in any of the events and activities at the Art in the Park program.
- It is understood that volunteering for this program includes field trips to local museums, parks and the Cuyahoga Heights pool with all volunteers, staff and children being transported by the Village of Brooklyn Heights staff and utilizing Village vehicles.
- In consideration of the Village of Brooklyn Heights providing sponsorship and/or providing facilities for this program, I am permitting my student's involvement as a volunteer at the Art in the Park Program upon the expressed agreement and understanding that I am hereby waiving and releasing the Village of Brooklyn Heights, its employees, officers, agents and representatives from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs arising as a result of my student's volunteering at the Art in the Park Program or any loss, damage, illness, or injury resulting therefrom.
- Further, in the event of any injury, I hereby give my permission and consent to authorize emergency first aid and/or treatment for my student as is deemed necessary by qualified medical or emergency personnel, or by said employees, officers, agents, or representatives of the Village of Brooklyn Heights, and further agree to assume all expenses for said treatment.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Parent / Guardian Name - please print _____

Parent / Guardian Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Photo Release for Presentation Purposes

Option 1: I give permission to the Village of Brooklyn Heights to make non-commercial, social media, and web content use of any activity photographs and/or videos of my child during this program (no names are included).

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

OR

Option 2: I DO NOT give permission to the Village of Brooklyn Heights to make non-commercial, social media, and web content use of any activity photographs and/or videos of my child during this program.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____