EnviroScience
Excellence In Any Environment

VOLUNTEER OPPORTUNITY

cascade locks
park association

Spring Clean-Up on the Little Cuyahoga River April 20, 2019

➢ Help clean up litter along the banks of the Little Cuyahoga
➢ Help restore a scenic stretch of the Towpath
➢ Help improve water quality in the Cuyahoga Valley

✓ Bags and Gloves Provided
✓ Bring wading shoes/ boots / waders if possible- you will get wet!

When: **Saturday, April 20st, 2019 Rain or Shine!**
Where: **Mustill House Store** Trailhead off W. North Street in Akron, **Cascade Locks Park**
Time: **9:30 a.m. – 12:00 p.m.**

<div align="center">

EnviroScience Inc./Cascade Locks Park Association
YOUTH Permission Slip/Emergency Medical Form

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Event: Little Cuyahoga River/ Canal Cleanup, April 20, 2019
Youth information: (please print neatly)

Name: _____ Age: _____

Address:_____

Phone number:_____ Cell phone: _____

Parental information:

Name of parent or guardian: _____

Address: _____

Home phone:_____ Work phone:_____

Cell phone: _____ Relationship to student: _____

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and am authorized to grant such permission. I also agree to indemnify and hold harmless CLPA and EnviroScience, Inc. for any and all liability for bodily injury or property damage of any kind sustained in association with this event.

Signature: _____ *Date:* _____

Emergency Information:

Preferred physician: _____ Phone: _____

Preferred dentist: _____ Phone: _____

Preferred hospital: _____

Persons who may be notified and to whom your child may be released in event of an emergency:
#1: Name: _____ Phone: _____
#2: Name: _____ Phone: _____

List any medications you are currently taking: _____

List any allergies you have: _____

List any other emergency instructions: _____

Please fill in EITHER Part I (consent) OR Part II (refusal of consent):

Part I – To Grant Consent for Emergency Medical Treatment:
In the event of reasonable attempts to contact me have been unsuccessful, I hereby give my consent for emergency medical treatment to be administered to my child.

Signature of parent/guardian: _____ Date: _____

Part II – To Refuse Consent for Emergency Medical Treatment:
I do NOT give my consent for emergency medical treatment of my child.

Signature of parent/guardian: _____ Date: _____

EnviroScience Inc./Cascade Locks Park Association
ADULT Agreement Release and Waiver

Event: **Little Cuyahoga River/ Canal Cleanup, April 20, 2019**

Volunteer Information: **(please print neatly)**

Name: _____

Address:_____

Phone number:_____ Cell phone: _____

In Case of Emergency Please Contact: **(please print neatly)**

Name: _____ Relationship_____

Phone number:_____ Cell phone: _____

By signing this form I agree to indemnify and hold harmless CLPA and EnviroScience, Inc. for any and all liability for bodily injury or property damage of any kind sustained in association with this event.

Signature: _____ Date: _____