

## Spring Clean-Up on the Little Cuyahoga River May 1st, 2021

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

**When: Saturday, May 1st, 2021 Rain or Shine!**

**Where: Mustill House Store** Trailhead off W. North  
Street in Akron, **Cascade Locks Park**

**Time: 9:00 a.m. – 12:00 p.m.**



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

**Event:** Little Cuyahoga River/ Canal Cleanup, May 1st, 2021

**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: \_\_\_\_\_

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**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, May 1st, 2021

**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:* \_\_\_\_\_