



**City of Kirtland Ohio**  
*Recreation Department*  
7900 Euclid Chardon Road  
Kirtland, OH 44094  
(440) 256-4711  
[www.kirtlandcommunity.com](http://www.kirtlandcommunity.com)

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Birthday**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Gender**

In the event of an emergency, I authorize any appropriate employee/representative of the City of Kirtland to contact the following person(s):

\_\_\_\_\_  
**Emergency Contact Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to Child**

\_\_\_\_\_  
**Emergency Contact Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to Child**

\_\_\_\_\_  
**Signature of Parent or Guardian**



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## **WAIVER AND RELEASE**

I, the parent of \_\_\_\_\_, give my permission and consent for my child to participate in the City of Kirtland Safety Town. I understand that my child is responsible for exercising due caution and to follow the safety and discipline rules of the Safety Town staff. I understand that the City of Kirtland does not provide medical or hospitalization and does not assume any responsibility or liability for any injury or illness my child may sustain while watching or participating in any recreation/leisure activities associated with the Safety Town.

I grant permission to use my child’s photograph or image with or without my child’s name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, publicity, and promotion. I also authorize and give my permission to a hospital or qualified physician, or emergency medical personnel to provide any necessary medical treatment in the event of an accident or medical emergency.

**I HAVE READ THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT (OR HAVE HAD IT READ AND EXPLAINED TO ME) AND FULLY UNDERSTAND IT BEFORE AFFIXING MY SIGNATURE HERETO.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2025.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Recreation Department Signature**