

FarmRich Liability Waiver

I understand and certify that as legal guardian of _____, my child's participation in activities at FarmRich Educational Enrichment is completely voluntary, and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent with any activity at FarmRich Educational Enrichment and I acknowledge that although safety measures are taken to minimize the risk of injury to participants, FarmRich Educational Enrichment cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

I further recognize that in consideration of participation, and knowing the dangers, hazards and risks (foreseen or unforeseen) I agree to release and hold harmless FarmRich Educational Enrichment, facility property owners, camp staff and volunteers from any and all liability, actions, causes of actions, claims, expenses, and damages for injuries to my child or property, which result from my child's participation or any other associated activities.

I agree to pay the costs associated with participation and I have instructed my child in the importance of following the instructions of the staff, abiding by the procedures for safe participation and acting in a responsible manner.

In the case of emergency illness or injury, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily or any loss sustained through participation in camp activities.

I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for the participant's immediate care.

Signature of Legal Guardian _____ Date _____

Printed Name of Legal Guardian _____

Photo/Social Media Consent Form

_____(Initial) I grant permission for my child to be photographed and/or videotaped for promotional purposes. I understand that some photographs may appear in public marketing materials including social media outlets, newspaper, magazines, etc.

_____(Initial) I prefer my child NOT BE PHOTOGRAPHED or VIDEOTAPED.

FarmRich Emergency Form

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature _____ Date _____

The number I can be reached during farm camp session is _____

Name of Secondary Contact Person _____

Phone # of Secondary Contact Person _____

Hospital Preference _____

Hospital Address: _____

Hospital Phone # _____

Health Insurance Company Name _____

Policy # _____

Insurance Company Phone # _____