



**STUDENT NAME:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Medical Waiver: Please read the following and sign where required.**

As the parent, parents, or legal guardian of the registrant, a minor, I/we authorize and consent to x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of a Massachusetts-licensed physician or dentist, and on the staff of any acute general hospital holding a current license from the State of Massachusetts Department of Public Health. This authorization is given in advance of any emergency, and is given to provide authority to render care, which a physician, in the exercise of his/her best judgment, may deem advisable. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo and Video Release: Please read carefully**

Friends of Holly Hill Farm may videotape or take pictures of child's participation in the Summer Camp Program. These images may be used for the purpose of sharing the child's participation, and perspectives associated with the child's participation, to a public audience. Images may be published, posted, or played through a variety of communications channels, including but not limited to print, television, and/or online.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Release and Waiver of Liability and Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of Friends of Holly Hill Farm ("FHHF") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with FHHF, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into FHHF for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER FHHF FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH FHHF, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE FHHF, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with FHHF, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about FHHF premises or in any way observing or using any facilities or equipment of FHHF or participating in any program affiliated with FHHF whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of FHHF and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with FHHF.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_