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| **First Light Farm’s Mini Farm Program Liability Release Form**  |
| First Name\* |   |
| Last Name\* |  |
| Full Name\* |  |
| Children’s Names and Ages |  |
| Email\* |  |
| Cell Phone\* |  |
| Street Address\* |  |
| City\* Zip |  |
| Date of Birth\*(mm/dd/yyyy) |  Note: if you are under the age of 18, you must have your parent or legal guardian sign the *Hold Harmless Agreement (below)* |
| Allergies/Specific Medical Conditions for you or any of your children.\* |  |
| Emergency Contact Information |
| **Name:** **Primary Phone:** **Additional Phone:** **Email:**  |
| Emergency Medical Treatment Agreement |
| IN THE EVENT OF A MEDICAL EMERGENCY, THE UNDERSIGNED AUTHORIZES FIRST LIGHT FARM AND THEIR DESIGNATED AGENT TO AUTHORIZE SUCH MEDICAL ASSISTANCE AS THEY DETERMINE TO BE NECESSARY. The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned. |
| **Liability Release and Hold Harmless Agreement** |
| **By subleasing a Mini Farm from First Light Farm, I understand there may be some risk associated with this activity and I (and my family) am participating at my own risk. I, individually, and/or my family, hereby release and hold harmless First Light Farm *and* Growing Things Farm for any accidents, damage, death, illness, or injury to me suffered during or in connection with First Light Farm.** |
| **Photo Release**: I give consent to First Light Farm to use photos of me participating at First Light Farm or events for marketing purposes or educational materials in print or online. |
| I have reviewed this form and I attest that the information is accurate and complete to the best of my knowledge, and give my consent to First Light Farm for the above Emergency Medical Treatment, Liability Release, Hold Harmless, and Photo Release Statements.Print Your Name:Signature: Date: |