First Light Farm's Mini Farm, Member and Volunteer Liability Release Form 2023	
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 <i>Hold Harmless Agreement (below)</i>
Allergies/Specific Medical Conditions for you or any of your children.*	
<b>Emergency Contact Information</b>	
Name: Primary Phone: Additional Phone: Email:	
<b>Emergency Medical Treatment Agreement</b>	
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	
this activity and I (and hereby release and hol	Farm from First Light Farm, I understand there may be some risk associated with my family) am participating at my own risk. I, individually, and/or my family, d harmless First Light Farm and Tyler Rohrbach for any accidents, damage, y to me suffered during or in connection with First Light Farm.
<b>Photo Release</b> : 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.	
knowledge, and give my	m and I attest that the information is accurate and complete to the best of my consent to First Light Farm for the above Emergency Medical Treatment, Liability and Photo Release Statements.
Print Your Name: Signature:	Date: