



FARMS FOR CITY KIDS FOUNDATION, INC.



RELEASE AND CONSENT FORM

I, ("Attendee") acknowledge my intention to participate voluntarily in Farms For City Kids Foundation's (circle one) **FARMS FOR CITY KIDS PROGRAM** or **CITY KIDS ADVENTURE LEARNING PROGRAM** (individually or collectively the "Program") to be conducted at Spring Brook Farm FARMS FOR CITY KIDS FOUNDATION, INC. (the "Farm/Foundation"), utilizing horses, cows, other farm animals, farm equipment, personnel, and the facilities of the Farm. In connection with the City Kids Adventure Learning Program, the Program will also utilize and teach outdoor, wilderness related skills, including but not limited to camping, knife use, camp fires and primitive fire making techniques, shelter building, cooking, camp crafts, and map and compass skills. Further, I understand Attendees will sleep in tents, and/or primitive shelters and/or camping shelters. I consent to my participation in all activities of the Program, which may include, but not limited to, vehicle travel, athletic competition, swimming, hiking animal husbandry, climbing, and activities in close to proximity to farm animals or various types of farm equipment, and the inherent risks of the wilderness including but not limited to falling limbs/trees, insects, animals, adverse weather conditions, becoming lost, and hypothermia. I acknowledge that my participation is voluntary and the the Program's activities may involve above normal risks. I understand further that although the Foundation has taken all reasonable precautions to provide safe equipment and qualified staff and supervisors, it is impossible to guarantee absolute safety and I therefore assume such risks in participating in the Program and understand that I share the responsibility for safety during the activities. In consideration of my being permitted to participate in all activities of the Program, I hereby release, save, and hold harmless the Farm/Foundation, its Trustees, Directors, officers, servants, sponsors and other personnel from all liability, claims and causes of action, of any kind, for personal injury or damage to property arising out of my participation in the Program, unless such injury or damage is the result of gross negligence on the part of the Farm/Foundation or any of its staff or personnel. In the event that I am injured while participating in the Program, I hereby consent to treatment by a physician, dentist, or other health care provider chosen by the Farm/Foundation, and to my transfer to any hospital or health facility in the event of a medical emergency. I hereby authorize a representative of the Farm/Foundation to consent on my behalf to any emergency medical or dental treatment to be administered to me and grant the Farm/Foundation full authority to take whatever actions they consider warranted under the circumstances regarding my health and safety. The Farm/Foundation will make reasonable attempts to contact a parent or guardian of a minor Attendee in advance of such emergency treatment, provided medical circumstances permit. I fully release the Farm/Foundation, its Trustee, Directors, officers, servants, sponsors and personnel from any and all liability for such decisions and actions as may be taken in connection herewith. I understand that I will be financially responsible for costs of any such medical treatment. Photocopies and facsimiles of this Release and Consent shall have the same legal effect as the original.

I have read this release and agree and understand its meaning.

_____	_____	_____
Signature of Participant*	Date	Printed Name

***Parent of Legal Guardian must also sign below for Participants under 18 years of age.**

***As Parent or legal guardian of participant under 18, I am fully informed of these risks and I consent to the minor participating in the activities.**

_____	_____	_____
Signature of Parent of Guardian	Date	Printed Name

Contact Number and e-mail address