

Summer Day Camps At Genesis Farm

Consent, Release and Waiver of Liability

Camper's Name: _____ DOB: _____

I am the parent/guardian of the minor child named below (the "participant") and am fully competent to sign this agreement. I understand that I have approved the participant's request to participate in the farm day camp during Summer, 2010, that is offered through Genesis Farm.

I understand that the camp involves various physical activities, including but not limited to (a) exposure to domestic animals and wildlife; (b) farm equipment; (c) plant vegetation; (d) pond area and its ecosystem; (e) walking/running/playing; (f) outdoor elements and that there is risk of injury associated with such activities. I understand the nature of the camp and my child's participation therein; I have explained these things to the participant and his/her participation is both willing and voluntary. The participant is in good health and has been examined by a physician who has approved his/her participation in the camp. In addition, the participant has adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of injury to the participant.

In consideration of the minor engaged in the camp, the participant and I assume all risks of such participation, such risks include but are not limited to: (a) exposure to animals; (b) farm equipment; (c) plant vegetation; (d) pond area; (e) walking/running/playing; (f) outdoor elements. I further agree that any and all associated with Genesis Farm (owner, employees, volunteers) shall not be liable for any claims, demands, actions, or causes of action arising out of or in any way connected with the minor child's participation in the camp, specifically including, but not limited to, liabilities, claims, demands, actions or causes of action relating to bodily injury and illness (including death) and property damage suffered by the participant. Therefore, on my behalf, the participant, and the heirs and assignees of all the foregoing, I do hereby forever release and discharge the Summer Day Camps at Genesis Farm, as well as its owner, employees and volunteers, from all such liabilities, claims, demands, actions, or causes of action.

With the camp and its activities having been explained to me, and all of my questions answered to my complete satisfaction, I consent to the minor child's participation in the camp and accept the facilities, premises, supervision and equipment used in connection therewith, and am fully aware of the activities and risks that may be involved. I execute this Consent, Release and Waiver of Liability for full, adequate and complete consideration, fully intending for the agreement to be binding on me, the participant, and the participant's family, estate, heirs, administrators, personal representatives and assignees.

In addition, I do hereby grant the staff of Genesis Farm the right to authorize emergency medical treatment for the camper named above in the event that I, or my designated representative, cannot be reached. The N.C. Good Samaritan Law will apply. Genesis Farm will call 911 in a life-threatening situation and then contact parents. In non-emergency situations, Genesis Farm will call parents and/or representative first, then the child's physician or paramedics and will transport to UNC ER on the recommendation by the physician or parents. I agree to be responsible for the cost of such emergency medical care. Further, I release Genesis Farm, TD Matheny, and all staff/volunteers from liability for any cause whatsoever, for any injuries or damages incurred during or after participation in the summer day camps.

Signature: _____ Date: _____

Relationship to camper: _____

Please print legibly:

Parent/Guardian Information:

Names: _____ Email: _____

Phone: H: _____ Wk: _____ Cell: _____

Address (if different from registration form): _____

Name of relative/friend if parents can't be reached

Name: _____ Phone: H: _____ Wk: _____ Cell: _____

Important Medical Information

Child's Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Co: _____ Policy #: _____ Insured Name: _____

Chronic conditions: _____

Allergies (medications, insect stings, food, other) & other medical information:

Date of last physical: _____; tetanus shot: _____ Contact lens? _____

Epi pen? _____ Asthma inhaler? _____ Other? _____

Comments:

Publicity Release: I give permission to Genesis Farm to use my child's photo and/or quotes for public relations purposes.