



The Center for Urban Agriculture at Fairview Gardens

Summer Farm Days Liability Release Authorization & Medical Form

In consideration for being accepted by FAIRVIEW GARDEN/THE CENTER FOR URBAN AGRICULTURE to participate in the below described program, we (I) [and on behalf of our (my) child-participant] do hereby release, forever discharge and agree to hold harmless FAIRVIEW GARDEN/THE CENTER FOR URBAN AGRICULTURE and the staff thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the Summer Farm Days program.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, including tree climbing, and/or work activities involved therein. I authorize the staff of Fairview Gardens to act for me according to their best judgment in any emergency requiring medical attention. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I further understand that I am required to maintain and carry accident insurance coverage for the child listed on this application, and verify that the coverage information that I have provided is accurate and true. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program as outlined in the brochure. I also understand that the camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. Further, authorization and permission is hereby given to said program to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said FAIRVIEW GARDEN FARM/THE CENTER FOR URBAN AGRICULTURE, its administrators, employees, for any liability sustained by any other participant as the result of the negligent, willful or intentional acts of this participant, including expenses incurred attendant hereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said program.

Camper's Name _____

Emergency Contact: _____ Phone _____

May be picked up by: _____ May **NOT** be picked up by: _____

Dietary Restrictions/Special Considerations/Medical Concerns: _____

| | | |
|---|-----|----|
| Has Anaphylaxis (severe allergic reaction) ever occurred to your child? | Yes | No |
| If a bee stings you child, can we administer Benadryl if necessary? | Yes | No |

Insurance Company _____ Policy/Group# _____

Parent or Guardian's Name (PRINT) Date

Parent or Guardian's Signature Phone