

Civic Works' Individual Waiver for Participants in Real Food Farm Educational Activities

I am participating in a class, field trip, internship, and/or other activities taking place at the Real Food Farm site in Clifton Park. I understand that my participation may involve physical activities and potential risks of injury to person or property. Knowing this, I accept and assume the risks associated with my participation in any and all activities associated with Real Food Farm.

I release all liability and responsibility from and will not take action against Civic Works or any of its directors, officers, agents, employees, affiliates, partners or successors because of any accident, injury, property damage, expenses, losses or damages which I might experience due to my participation in these activities.

In case of emergency, accident, or illness, I give permission to be treated by a professional medical person and be admitted to a hospital, if necessary. I agree to be responsible for all of my medical expenses.

I give permission to Civic Works to use my name, picture, writings, and audiotape or videotape recordings taken during the activity for publicity purposes without compensation. I understand that the information I fill out below will not be shared with outside organizations.

By signing below, I confirm that I have read the above statement, I understand it and I fully accept its terms. (If there are terms you do not accept, alter them to your approval and sign below):

PLEASE PRINT

(Must be complete in order to participate)

Name _____

Address _____

City _____ State _____ Zip _____

Allergies or special needs _____

Emergency contact name _____

Phone _____ Relationship to you _____

Signature _____ Date _____

(Signature of parent/guardian is required if participant is less than 18 years old)

Print parent/guardian name _____

(if participant is less than 18 years old)