



Coastal Roots Farm – Farm Camp Terms, Conditions and Release of Liability Waiver

This Release and Waiver of Liability (the “Release”) is executed on this _____ (day) of _____ (month), 20__ by _____ (“Guardian”) the Parent/Legal Guardian of _____ (“Child(ren)”). I attest that I am the Parent or Legal Guardian of the Child(ren) named in this Waiver and Release, and that I have the authority to execute this Waiver and Release on behalf of the Minor. In consideration for participating in Coastal Roots Farm’s Farm Camp (“Program”), both Child(ren) and Parent/Legal Guardian hereby freely and voluntarily, without duress, execute this Release.

DEFINITIONS

I understand that the term “Coastal Roots Farm” as used in this document means and includes all current and former officers, directors, employees, agents, contractors, and affiliated or related entities of Coastal Roots Farm; the term “I” means and includes any participant 18 years or older, or the parent or legal guardian of any participant who is younger than 18 years of age; “Child(ren)” refers to the Minor named in this Waiver and Release whom I have the authority to execute this Waiver and Release for. “Coastal Roots Farm staff” refers to all people holding responsibility for a program whether employee, contractor, volunteer of Coastal Roots Farm or another organization holding an event at Coastal Roots Farm; and the term “Program” means the Coastal Roots Farm program in which the Child(ren) has enrolled or joined.

Initial (_____)

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that during my Child(ren)’s participation in this Program, my Child(ren) may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, risks and hazards including animals such as insects and spiders and chickens, and tools, such as shovels and rakes. I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss or injury. I acknowledge, agree and represent that I understand the dangerous nature of this Program and that my minor Child(ren) is qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that participation in this Program entails known, unknown and unanticipated risks, seen and unseen, which could result in physical or emotional injury, paralysis, death, and damage to property or third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

As a condition of my Child(ren)’s participation in the Program, I agree to assume full responsibility for all the risks that such participation may entail. My Child(ren)’s participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks. I understand that Coastal Roots Farm assumes no responsibility for any injury to my Child(ren) resulting from his/her/their participation in the Program, and I agree to assume all risk and bear full responsibility for any injury or damage my Child(ren) may suffer while participating. My Child(ren) has/have no physical or mental limitations which would preclude his/her/their safe participation of this Program and/or I assume all risks that may be created by such limitations.

I further certify that neither my Child(ren) nor I am currently mentally impaired or under the influence of drugs or alcohol; and I am otherwise legally competent to understand and enter into this Agreement for and on behalf of my Child(ren). I am assuming the hazard of this risk because my Child(ren) wishes to participate in this Program. The risks outlined in this Agreement are not exhaustive and I acknowledge that there may be other risks, hazards, and dangers that, based on the circumstances, are integral to this Program. I acknowledge that, by signing this document, I am releasing Coastal Roots Farm and their representatives, agents, employees, volunteers, members, sponsors, promoters, and affiliates (collectively "releasees") from liability, and that I am giving up substantial legal rights. This form is a contract with legal and binding consequences and it applies to all activities in which my child engages during the Program, regardless of whether such activity is a part of a formal Program. I have read this release carefully before signing. I understand what this release means and what I am agreeing to by signing.

Initial (____)

RELEASE AND INDEMNIFICATION

In consideration of my Child(ren)'s participation in the Program and the services and amenities provided by Coastal Roots Farm, I voluntarily agree to:

- (1) release, discharge, and hold harmless Coastal Roots Farm, to the fullest extent permitted by law, from any and all claims, demands, damages, losses, or liabilities, including, but not limited to, claims for personal injury or death, even if caused by the negligence of Urban Adamah (but not its willful or wanton misconduct), arising out of or in any way connected to the program or my participation in the program; and
- (2) indemnify and defend Coastal Roots Farm, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of Coastal Roots Farm (but not its willful or wanton misconduct), arising out of or in any way connected with the program, or my participation in the program, or occurring during the inclusive dates of my attendance at the program, and/or from any medical treatment I may receive during the program.

I hereby indemnify, hold harmless and release Coastal Roots Farm, its shareholders, directors, officials, representatives, agents and employees from any and all loss, claims, damage, or liability which might arise out of my Child(ren)'s participation in the Program. This release is binding on his/her/their heirs, assigns and agents.

THIS IS A VOLUNTARY RELEASE OF ALL CLAIMS. PLEASE READ CAREFULLY BEFORE SIGNING. I have read this Waiver of Liability, Acknowledgement and Assumption of Risk, and Indemnity Agreement and understand that I have given up substantial rights by signing it and have signed it freely and voluntarily.

Initial (____)

FACILITY RULES AND BEHAVIOR GUIDELINES AND AGREEMENTS

I understand that my Child(ren)'s behavior at Coastal Roots Farm must comply with all rules and regulations of Coastal Roots Farm, the laws of California, and the United States of America and I, as the guardian of my Child(ren), am responsible for my Child's behavior at Coastal Roots Farm. I and my Child(ren) acknowledge and will abide by the guidelines established for the program in order to participate. My Child(ren) will comply with ALL Coastal Roots Farm rules, both written and as stated to him/her/them by Coastal Roots Farm during his/her/their participation in the Program. My Child(ren) will obey Coastal Roots Farm staff in regard to those rules as they affect his/her/their safety, other participants and observers, the property of Coastal Roots Farm, and all resources used in conjunction with the Program. The general guidelines of conduct are:

1. Participants must take responsibility for their safety by carefully listening to rules and following instructions. Unsafe behavior, failure to follow instructions, or extremely disruptive behavior may result in dismissal from the program without a refund.
2. Use and/or possession of weapons, firecrackers, drugs, alcohol, tobacco, matches, lighters or other items deemed dangerous is strictly forbidden.
3. Participants may not damage Coastal Roots Farm property or the personal property of others.

I agree my Child(ren) understand and will abide by the following codes of conduct:

1. My Child(ren) will wear closed toed shoes while at Coastal Roots Farm and will wear the appropriate attire to protect him/her/themselves from the sun and elements (hat, long sleeves, sunscreen, sunglasses, etc.)
2. My Child(ren) will drink sufficient liquid to keep hydrated and I will send my Child(ren) to Coastal Roots Farm with a water bottle.
3. My Child(ren) will eat sufficient food to keep energized and I will send my Child(ren) to Coastal Roots Farm with a sufficient lunch.
4. My Child(ren) will only use tools, supplies or materials that he/she/they have been instructed to use and will do so in a safe manner.
5. My Child(ren) will only enter the barn, storage areas, chicken pens, or any other area of Coastal Roots Farm if instructed by Coastal Roots Farm
6. My Child(ren) will follow any other instructions of Coastal Roots Farm staff.
7. My Child(ren) will walk and not run unless running is explicitly permitted as part of an activity
8. My Child(ren) will come to Coastal Roots Farm with all personal property properly labeled with his/her/their names.
9. Myself and my Child(ren) will be held responsible for any lost or damaged personal property he/she/they brought to Coastal Roots Farm and my Child(ren) will not steal or damage another Child(ren)'s personal property.

Initial (____)

FOOD RELEASE

I hereby give permission for my child to be given food during scheduled snack times. I also agree that Coastal Roots Farm is not responsible for any physical or adverse reaction that may result from food or beverage consumed at Coastal Roots Farm by my Child(ren), and therefore agree not to hold Coastal Roots Farm responsible in the event of any adverse reactions. Further, I grant permission for my Child(ren) to try/eat foods grown and made at Coastal Roots Farm. I will note all of my Child(ren)'s food allergies or intolerances on the ***Health and Medical Release Form***.

Note: Not all programs will be participating in eating items from Coastal Roots Farm. Additional food items will request permission as appropriate.

_____ I give permission for my child to be given organic packaged and/or organic farm produce during schedule snack times.

_____ I DO NOT give permission for my child to be given organic packaged and/or organic farm produce during schedule snack times.

Initial (____)

PHOTO RELEASE

I grant and convey unto Coastal Roots Farm all right, title, and interest in all photographic images and video or audio recordings made by Coastal Roots Farm during the minor's participation in the Program.

I authorize Coastal Roots Farm to capture the name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements, or to permit other to do so, of my Child(ren) for use by Coastal Roots Farm in printed or electronic marketing and promotional materials, including Coastal Roots Farm and affiliated website and social media.

I waive and release Coastal Roots Farm and its officers, agents and employees, from any claim or liability relating to the use of my Child(ren)'s name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements.

I acknowledge that Coastal Roots Farm will rely on this consent and release in producing broadcasting, and distributing materials containing the use of my child's name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements, and that I will receive no money or remuneration of any kind from Coastal Roots Farm related to this consent and release or the materials covered by this consent and release.

_____ I hereby give permission to Coastal Roots Farm staff to take pictures of my child for purposes of printed and/or electronic marketing and promotional materials, including website and social media.

_____ I DO NOT give permission to Coastal Roots Farm staff to take pictures of my child for purposes of printed and/or electronic marketing and promotional materials, including website and social media.

Initial (_____)

CONSENT TO MEDICAL TREATMENT

I understand that if my Child(ren) becomes ill or injured during the course of the Program and I am unable to give my consent to any medical treatment that a licensed physician deems necessary, Coastal Roots Farm will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s), that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, I specifically, give my permission for necessary and emergency care to be given to my Child(ren) by emergency service providers and other medical treatment providers and that my Child(ren) should be transported to an ER by emergency service providers if it is deemed necessary. I attest that Child(ren) has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this Program a risk. I hereby acknowledge that participation in this Program and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son(s)/daughter(s), hereby assume all such risk.

Initial (_____)

MEDICAL EXPENSES

By initialing my name I understand that in case of accident or emergency, Coastal Roots Farm shall not be liable for any costs that may occur due to medical treatment of any kind.

Initial (_____)

By signing my name, I acknowledge that I have read and understood the terms and conditions of sending my Child(ren) to Coastal Roots Farms Farm Camp.

Name(s) of Child(ren) _____

Name(s) of Child(ren) _____

Name of Parent/Legal Guardian (please print) _____

Signature of Parent/Legal Guardian _____

Date _____

***Only fill this out if you DO NOT WANT medical treatment for your child:**

I DO NOT want any type of medical treatment provided to my child.

Name(s) of Child(ren) _____

Name(s) of Child(ren) _____

Name of Parent/Legal Guardian (please print) _____

Signature of Parent/Legal Guardian _____

Date _____