



# Emergency Contact Form ONE PER FAMILY PLEASE

Waltham Fields Community Farm



Please fill out both sides of this form and give it to your group leader or put it in the back of the volunteer sign-in binder!

## Contact Information

Please print the following information very clearly:

Name: \_\_\_\_\_ # in Family: \_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If you came with a group, what is the name of your group/organization?

Emergency Contact Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any medical conditions we should be aware of? (circle one) yes      no

If "yes", please list them here: \_\_\_\_\_

If you are under age 18, please check this box:       Birthdate: \_\_\_\_\_

Please *print* the name of a parent or guardian: \_\_\_\_\_

## Volunteer Waiver (required)

I, \_\_\_\_\_, am healthy, willing and able to do the physical labor of the farm. I understand that I will get dirty, and that I will be outside the entire time I am volunteering. I also understand that I am doing this work at my own risk. In order to be safe, I agree to follow the instructions of the farm staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are between the ages of 15 and 18, and are at the farm on your own, your parent or guardian must sign below in order for you to volunteer:

I have read the agreement above and give permission for \_\_\_\_\_ to volunteer at Waltham Fields Community Farm. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

