

Family Program Registration 2010



- **Mail** registration form with payment to **Jericho Bicknell, Waltham Fields Community Farm, 240 Beaver St. Waltham, MA 02452,**
- **or Drop off** registration form at our office: **240 Beaver St. Waltham, MA 02452.**
- Please make **Check made payable to WFCF.**
- **Please let us know if you need to cancel so that we can offer your spot to someone on our waiting list.**
- **Contact** Jericho Bicknell, 781-899-2403 or jericho@communityfarms.org with any questions.

Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Any Known Allergies/Medical Issues/Special Needs:

Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Any Known Allergies/Medical Issues/Special Needs:

Caregivers Name(s): _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

In an emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

PHOTO RELEASE

I _____ give Waltham Fields Community Farm permission to publish in print, electronic, or video format the likeness or image of myself and/or my child, _____, for the general promotion of WFCF and its programs.

Yes No _____
(signature)

WAIVER, CONSENT, AND RELEASE

I realize that injuries can occur during participation in Farm programs. I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS Community Farms Outreach, Inc. d/b/a Waltham Fields Community Farm, their board of directors, officers, employees, instructors, volunteers, or assignees from any claim arising out of injury to my children or myself. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for me or my children's participation. Should (Participants name) _____ be taken to the hospital or health clinic for emergency purposes, I hereby grant permission to the attending physician and staff to administer anaesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. *I understand that an attempt will be made to contact me in an emergency.*

I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in Waltham Fields Community Farm programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that my child or I may suffer in voluntary Waltham Fields Community Farm programs. I understand this is a binding legal document waiving and releasing actual and potential claims and that I have had the opportunity to obtain legal advice if I choose. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

(Guardian Signature)

(Date)

Please Check	Program	Date	#Children	Total Fee (\$10 per 1 child \$2 for each additional child.)
	Crazy For Compost	July 16 th		
	Crazy For Compost	July 23 rd		
	Farm Critters	August 13 th		
	Farm Critters	August 20 th		
	Marvelous Harvest	October 13 th		
	Marvelous Harvest	October 20 th		

Contribution to WFCF Scholarship Fund (Optional)	+
Total Amount of Enclosed Payment	=