

Teen Workshop Registration 2010



- **Mail** your payment and registration form 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 Payable** to Waltham Fields Community Farm or **WFCF**
- **Cancellations** at least 48 hours prior to program start date will be honored and refunds issued (except \$10 processing fee). After that time, refunds will not be available.
- **Contact** Jericho Bicknell, 781-899-2403 or jericho@communityfarms.org with any questions.

Name: _____

Gender: _____ Age: _____

Caregivers Name(s): _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Any Known Food Allergies/Medical Issues: _____

Emergency Contact (if primary caregiver cannot be contacted): _____

Home Phone: _____ Cell Phone: _____ Relationship: _____

PROGRAM LOGISTICS

Who will be transporting your child to and from the program? (name and relationship to child) (If someone other than this individual will be picking up your child, please send a signed note to class on that day)

I give Waltham Fields Community Farm permission to publish in print, electronic, or video format the likeness or image of 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	Location	Date	Fee
<input type="checkbox"/>	Teen Carpentry	240 Beaver St. Waltham, MA	June 19 th and 26 th , 9am-1pm	\$50/person

Total From Above	
Member Discount	<i>\$5/person/program</i>
Contribution to WFCF Scholarship Fund (Optional)	+
Total Amount of Enclosed Payment	=