

Liability Release and Waiver

Please read this Liability Release and Waiver (“Waiver”) carefully before signing it. This Waiver affects your legal rights. Before participating in any program, class, or activity (“Activity”) sponsored by Lexington Community Farm Coalition, Inc., a Massachusetts corporation, together with its volunteers, representatives, officers, agents, attorneys, and members (collectively, “LexFarm”), each participant must read, understand, and sign this Waiver (or, if under 18 years of age, have his/her parent or legal guardian sign it on his/her behalf).

I understand that I have a responsibility to follow the instructions of LexFarm personnel. I have read and understood all of the informational materials provided to me. I agree to pay attention to all signs located on the premises and abide by their instructions and warnings.

I understand that participation in an Activity sponsored by LexFarm may include contact with animals, which may pose the risk of physical injury or other harm to myself, to the animals, or to others. I further understand that Activities sponsored by LexFarm may be located on farmland or in other outdoor spaces and that engaging in such Activities may pose the risk of physical injury or other harm. I also understand that part of the risk involved is dependent on my own state of fitness or health and the awareness, care and skill with which I conduct myself in the Activity.

By signing this Waiver, I agree to release LexFarm from any cause of action, right, or claim arising out of, connected with, or resulting from my participation in any LexFarm Activity. I assume the risk of any injury that I may incur during my participation in that Activity. I have read and freely agree to the terms of this Waiver. By signing this Waiver I intend to be bound by its terms. I understand and knowingly recognize that this Waiver is a contract with legal consequences, and I have been advised to read it carefully before signing it.

Print name of participant: _____

If participant is under 18 years of age, print name of parent or legal guardian: _____

Signature of participant (or signature of parent or legal guardian if participant is under 18 years of age):

Signature: _____ Date: _____

Photo Release

LexFarm often takes photographs to document its work and activities. LexFarm seeks your permission to publish in print, electronic, video, or any other medium, the likeness or image of each participant for the general promotion of LexFarm programming. **If you consent to the publishing of such photographs, please sign your name below.** (If participant is under 18 years of age, please sign name of parent or legal guardian.) **If you do not consent, please leave this field blank.**

I consent to the taking and/or publishing of my photograph: _____

Emergency Contact Information

In case of emergency, who would you like us to contact?

Name of contact: _____ Phone Number: _____

Relationship to you: _____