

# O'neill Farm User Agreement

Participant's Name: \_\_\_\_\_

Participant's e-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact: (Name)** \_\_\_\_\_

**(Ph #)** \_\_\_\_\_

## NOTE TO THE PARTICIPANT

Participation at O'neill Farm exposes participants to certain risks of being in the outdoors. Accidents and injuries resulting from the forces of mother nature, malfunctioning equipment, unseen obstacles, fatigue, and your own and others' misjudgment are a very real possibilities.

## AFFIRMATION AND LIABILITY RELEASE

THE UNDERSIGNED CERTIFY THAT THEY AGREE AS FOLLOWS:

1. I hereby affirm that I have been informed that there are inherent dangers of being outdoors on a farm.
2. I hereby agree to indemnify and hold harmless O'neill Farm and its owners from any and all liability for any harm, injury, death, or damages (physical, mental, or monetary), regardless of fault or negligence, which may befall me while participating in this program or while using O'neill Farm's facilities. This release shall be binding upon my family, heirs, and administrators.
3. I hereby agree to heed at all times the advice and instructions of O'neill Farm and its owners to practice common sense while at the farm.

### Medical Information

Participant has a history of:

- Alcoholism  Epilepsy  Motion Sickness  Allergies  
 Handicap  Recent operation or illness  Asthma  Hay Fever  
 Respiratory problem  Chest Pains  Headaches  Sinus problem  
 Claustrophobia  Heart problems  Smoking  Diabetes  
 High/low blood pressure  Dizziness/Fainting  Mental/Emotional problems  Ulcers  
 Drugs/Medications  Wears contacts or glasses  None of the above  
 Problem if not listed above:

I certify that the above is correct to the best of my knowledge:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
(if under 18)