

Spoutwood Farm User Agreement

Name: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Date of Birth: ____/____/____

Emergency Contact: (Name) _____

(Ph #) _____

NOTE TO THE PARTICIPANT

Participation at Spoutwood 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 Spoutwood Farm Center, Inc. and its staff 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 Spoutwood Farm 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 Spoutwood Farm staff and to practice common sense while at the farm.

Medical Information

Student 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)