

## Hiram Farm Living & Learning Community Liability Waiver

If you are under 18 you must bring this waiver with a parent's signature.

### RELEASE AND WAIVER OF LIABILITY

**WAIVER AND RELEASE:** I understand that participation in activities related to construction, farm work, and livestock care involve potential hazards, and I hereby release Hiram Farm Living and Learning Community and its staff, representatives, board members, and volunteers from any claims, demands, injuries, damages, or actions arising from my participation in such activities, whether or not caused by my negligence or the negligence of Hiram Farm Living and Learning Community or any other party.

**NATURE OF THE PROGRAM:** I understand that some participants being served by this program are receiving services for behavior management. I will not approach a participant without first asking staff. If there is a health or safety issue for either farm participants or volunteers, Hiram Farm reserves the right to ask the volunteer group to leave. Federal law (HIPAA) prohibits staff from answering volunteer's questions about participants beyond the participants' first names.

**MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge Hiram Farm Living and Learning Community from any claims whatsoever which arises or may hereafter arise on account of any first aid treatment or service rendered by any person in connection with Hiram Farm Living and Learning Community.

**INSURANCE:** The volunteer understands that Hiram Farm Living and Learning Community does not carry or maintain, health, medical or disability insurance to cover any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage. **Please carry insurance card with you.**

**Photo Release Waiver:**

Hiram Farm Living and Learning Community **has permission** to use my picture for Hiram Farm related advertisements and publications.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature of parent if Volunteer is under 18: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**In Case of an Emergency:**

Please contact: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**Please list any allergies that may need to be known if medical treatment is necessary.**

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