

# SNUCK FARM

EAT WELL, DO GOOD.

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (Print full name):

Program: Kid's Whole Foods Cooking Class

## LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT

The undersigned acknowledges that educational programs offered through Snuck Farm include the risk of personal injury to participants including me (and/or my child or legal charge, whose full name and age is: \_\_\_\_\_, Age \_\_\_\_\_). The undersigned assumes all risk and liability resulting from participating in any Snuck Farm program (and/or for his or her student or charge as applicable). Undersigned agrees to release, indemnify and hold harmless Snuck Farm, its employees, agents, guest instructors, contractors, volunteers and venue owners from and against any and all liabilities, damages, medical costs, attorney's fees, etc. that I or my student/charge may incur arising out of a Snuck Farm educational program whether or not caused by the acts, inactions or negligence of Snuck Farm, its employees, agents, guest instructors, contractors, volunteers, venue owners or other program participants. I take full responsibility for the actions and physical condition of myself and/or my child (children) in any Snuck Farm program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

Participants in Snuck Farm events are sometimes photographed and videotaped for use in Snuck Farm promotional and educational materials. These audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity. Participant names are never used in these materials.

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## MEDICAL FORM

Name of attendee: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M / F

Parent/Legal Guardian: \_\_\_\_\_

Phone # where a parent/guardian can be reached during the class: \_\_\_\_\_

Relatives or friends authorized to act in your behalf in case of emergency if  
parents/guardians cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the  
physician selected by Snuck Farm staff to hospitalize, secure proper treatment for, and to  
order injections, anesthesia and surgery for my student name above should it be deemed  
necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your child is running a fever or exhibiting other signs of infection or illness, they will not  
be able to attend cooking class. If illness arises during class, a parent/guardian will be  
notified and requested to pick up their student.

Name of Physician: \_\_\_\_\_ Phone # of Physician: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Please list any special assistance needed, accessibility restrictions, or other pertinent  
medical information:

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## NATURE WEEK CODE OF CONDUCT

### **Expected Behaviors:**

As a cooking class participant:

I will be respectful of other class participants and staff.

I will follow the guidelines and rules established and respond to staff requests.

I will participate fully with the group and remain in a safe, supervised environment.

I will not behave recklessly or in a manner that prohibits others from participating in the class as intended.

I will refrain from using electronic devices (cell phones or handheld games), unless granted permission or as a part of class.

I will be respectful of Snuck Farm and other property and will be responsible for any damages.

I understand that my student is expected to follow all of the rules during this class, including safety rules. I understand if they fail to follow these rules and instructions, they may be dismissed from class. I understand if my child is dismissed from class, I will not be eligible for a refund. I understand if they cause damage to other students, staff, or Snuck Farm property I will be held financially accountable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am expected to follow all of the rules during this class, including safety rules. I will follow all of the instructions of Snuck Farm team members who are running this class. I understand that if I fail to follow these rules and instructions, I may be asked to leave.

Class Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_