Twelve Acre Farm

1585 Harbourton-Rocktown Rd Lambertville, NJ 08530 732-616-0529

Story Time & Farm Activities Form

Participant Full Na	me:	Nickname:
Age:DO	B:Pref	erred descriptive pronoun:
Address:		
Phone:		Email:
Emergency Contac	t:	
Phone:		Relationship:
	-	od health as confirmed by a physician, and able to tion. Allergies:
or the death of a p	•	w, an equine professional is not liable for an injury to tivities resulting from the inherent risks of equine :15-1 et seq).
However, I feel that hereby, intending administrators, wa board of directors, and representative	at the possible benefits to be legally bound, for nive and release forever , advisory board, instru es of any kind for any a and/or losses participa	and working with horses and other farm animals. to participant are greater than the risks assumed. I myself, my heirs, assigns, executors and/or all claims for damages against Twelve Acre Farm, its ctors, therapists, aides, volunteers, employees, agents, and all injuries, damages, claims, demands, causes of ant/guardian may sustain while participating in Twelve
Participant/Guard	ian Signature	Date
volunteers, and sta confidentiality of s be kept confidenti	shall preserve the right aff) in its program. As a ensitive information re al should include but, r	t of confidentiality for all individuals (participants, a participant/guardian, you must maintain the gardless of how it is obtained. Information which must not be limited to: all medical, social, personal, and and his/her/their family.
Participant/Guard	ian Signature	Date
I hereby consent to photographs and a	any other audiovisual m nal activities, exhibition	Do not consent Acre Farm to use and/or reproduce any and all naterials taken of participant for promotional printed as or for any other use for the benefit of the programs. Date
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