

# ***FarmWise Education Program Registration***

<b>Section 1 – Registration for FarmWise</b>		(Type or Print)
<b>Child's Name</b>	<b>Date of Birth</b>	
Parent or Guardian's Name		
Address		
City, State & Zip		
Email Address		
Res. Phone	Cell Phone	
NonRefundable Deposit Included with Registration	Paid in Full...	
Early Discount...Give Total Price	Circle Payment Method...Check or Cash.	
Registering for Event:	Event Date:	
Comments: Please list any allergies or other special concerns. What school or group settings have your child experienced earlier? Naturally, the more we know about your child, the more effective we can be. Feel free to fill in more on the back side of this form.		
<b>Full program payment due upon arrival as well as filled in Emergency Form with photo-copied insurance information. The Deposit is non refundable unless the program is cancelled.</b>		
<b>NOTE THAT ALL PROGRAMS ARE SUBJECT TO CANCELLATION AS ENROLLMENT OR OTHER CIRCUMSTANCES MAY WARRANT. IN THE EVENT OF CANCELLATION ALL DEPOSITS HELD WILL BE REFUNDED IN FULL.</b>		

**Section 2 - Emergency Information (Type or Print)**

Child's Name

Guardians' Name(s)

Res. Phone

Cell Phone(s)

Email Address

Insurance Plan (Please, also photo-copy insurance card/ info and include.)

Ins. Plan Number

Alternative Emergency Contact

Medical Info.- Allergies Other Info

Medical Info.-Medications

Permission to administer Homeopathic remedies: Y/N \_\_\_\_\_

AUTHORITY GRANTED (MEDICAL): In submitting this Registration the Applicant (Parent / Guardian ) hereby grants to FarmWise Education, LLC, its Employees and Staff, his/her consent, without qualification, to admit said Child to LAKELAND HOSPITAL, Elkhorn, WI., for the purpose of Emergency Medical Treatment as LAKELAND HOSPITAL shall, at its sole discretion, deem necessary for the welfare of the Child.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY RELEASE

FarmWise LLC aims to provide participants with an opportunity to interact with farm life and its associated tasks, experiences, and responsibilities. I acknowledge that these opportunities take place in a real farm and outdoor environment, which contains inherent risks of injury to me/child. I accept that working in an agricultural environment, around tools and animals involves certain inherent risks. These risks include, but are not limited to, the risks of possible injury as a result of contact with animals, metal objects, stinging insects, or from over exertion or environmental conditions. Despite these risks, I still choose to allow my child to engage in these activities. I know of no physical limitations that should keep me/child from engaging in these activities. In consideration for me/my child being allowed to participate in these activities, I hereby personally assume all risk, whether foreseen or unforeseen, for any harm, injury, or damage that may befall me/my child as a participant. I hereby release, on behalf of myself, my child, my heirs, executors, administrators, and assigns, FarmWise LLC, its directors, employees and volunteers, from any and all liability for any injury, death, or other damages to me, my child, my family, heirs, or assigns that may occur as a result of me/my child's participation in these activities, a result of product liability, or the negligence of any party, including FarmWise LLC, whether passive or active.

I further agree, on behalf of myself, my child, my heirs, executors, administrators, and assigns, that I will defend, indemnify, and hold FarmWise LLC and its directors, employees and volunteers harmless against any claims, demands, and causes of action, including court costs and attorney's fees, directly or indirectly arising from and actions or proceedings brought by or prosecuted for my benefit contrary to this release.

Signature

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## PHOTO AND FILM RELEASE

By signing below, I hereby authorize FarmWise LLC to publish photos and/or video film of myself and or my son/daughter or ward on the official FarmWise Education website and/or for our brochures, commercials, promotional material, and/or newsletters. The photos and/or film will be used to aid visitors to help them get a visual depiction of the FarmWise experience.

I stipulate by signing below that the photos and/or film not be identified in any way with personal information other than first names. (i.e., last name, address, phone number or any other identifying information)

The photos and/or film will not be used for any other purpose than the stated purpose above, and only those deemed most advantageous for the purpose intended and that most accurately depict the subject matter may be used.

Signature

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