

FarmWise Education Registration Form-Multiple Children

Please make a copy of this page for every child being registered. All other pages only need to be filled out once.

<b>Registration Information:</b>	*Please fill out forms and send in for registration.
Child's Name:	Date of Birth:
Parent or Guardian's Name:	
Address	
City, State & Zip.	
Email Address	
Home Phone:	Cell Phone:
Please list any allergies or other special concerns.	
What school or group settings has your child experienced? The more we know about your child, the more effective we can be in teaching them. Feel free to fill in more on the back of the form or attached sheet.	
Permission to administer Homeopathic remedies (please circle):    Yes    or    No	
AUTHORITY GRANTED (MEDICAL): In submitting this registration the applicant (parent/guardian) hereby grants the FarmWise Education, LLC, its employees and staff, his/her consent, without qualification, to admit said children 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.	
Parent Signature _____ Date _____	

<b>Payment:</b>	
Program Registering for:	
Date(s) of Program:	
Deposit must be included with registration*	<input type="checkbox"/> Discount? What type: Amount to be paid \$ _____
<input type="checkbox"/> Paid in full. Amount: \$ _____	Please circle payment method: Cash   or   Check
<p>Full payment is due upon arrival as well as <b>Emergency Form with copy of your insurance information.</b></p> <p>All programs are subject to cancellation due to enrollment or other circumstances. In the event of a cancelation deposits will be refunded in full</p> <p>*Deposits are non-refundable, unless the program is cancelled.</p>	
<b>Emergency Information:</b>	
Children's Names:	
<b><i>Primary Emergency Contact</i></b>	
Guardian's Name:	
Home Phone:	
Cell Phone:	
Email Address:	
<b><i>Secondary Emergency Contact</i></b>	
Name:	Relationship to children:
Home Phone:	
Cell Phone:	
<b>Insurance Information:</b>	
Insurance Plan (please include a photo-copy of insurance card):	
Insurance plan number:	
Medical Info-Medications:	
Medical Info-Allergies, Other:	

Liability Release for (children's name) \_\_\_\_\_

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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Photo and Film Release for (children's name) \_\_\_\_\_

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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_