

Mainstay Farm, LLC Field Trip
(The Farm)

AUTHORIZATION AND RELEASE AGREEMENT

Date of Field Trip _____

Child's Name _____ Date of birth _____ Age _____

School/Organization: _____ Teacher Name _____

Name and Address of Parent or Legal Guardian of Child:

Name _____

Address _____ City _____ State _____ Zip _____

Mailing address if different from above:

Address _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (cell) _____

Email address: _____

I, _____ (name of Child's parent or legal guardian) give permission for my Child to attend the field trip to Mainstay Farm, LLC ("The Farm") and also agree for myself and for my Child to all of the following:

1. I acknowledge and understand that The Farm has attempted to create an injury free area for my Child.
2. In the event my Child becomes injured or sick while on the premises of The Farm, I hereby authorize and consent to The Farm staff providing first aid, as well as in accord with their best judgment, to summon medical professionals at my expense for the medical treatment of my Child.
3. I agree The Farm, its owners, agents, contractors and employees are not liable for any loss, damage, or costs whatsoever, resulting from or related to any loss, damage or injury to me or my Child arising out of or in any way connected with any acts of negligence or intentional acts of my Child, other children, or of my Child's school, teacher, administrators, supervisors, or chaperones.
4. **AGREEMENT AND WARNING: I UNDERSTAND AND ACKNOWLEDGE THAT AN AGRITOURISM ENTITY IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF AN AGRITOURISM PARTICIPANT RESULTING FROM AGRITOURISM ACTIVITIES. I UNDERSTAND THAT I HAVE ACCEPTED THE RISK OF INJURY, DEATH, PROPERTY DAMAGE, AND OTHER LOSS THAT MAY RESULT FROM AGRITOURISM ACTIVITIES.**

I HAVE READ THIS DOCUMENT AND ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE TERMS HEREIN. I UNDERSTAND THIS DOCUMENT BECOMES A LEGALLY BINDING DOCUMENT UPON EXECUTION BY THE FARM AND THAT IT WAIVES CERTAIN LEGAL RIGHTS OF MINE AND OF MY CHILD. IT IS THE INTENT OF THIS AGREEMENT THAT IT SHALL BE BINDING UPON MYSELF, MY CHILD(REN) AND ANYONE ATTEMPTING TO ACT ON BEHALF OF MY CHILD(REN) AND OUR ESTATES, SUCCESSORS AND ASSIGNS.

Parent's / Guardian's Signature _____ Date _____

Print Parent / Guardian Name: _____

This agreement is acknowledged as our contract on its stated terms upon its execution on behalf of The Farm,

Mainstay Farm, LLC: by _____ Date _____