

FARM ANIMAL INTERACTION, MEDICAL & MEDIA RELEASE

A Parental Consent Release from Liability and Indemnity Agreement

We the undersigned father and/or mother or guardian(s) of _____, a minor, do hereby consent to his/her participation in the voluntary interaction with animals (i.e. ponies, goats, chickens, etc.) at Misty Highland Farm and do forever RELEASE, acquit, discharge and covenant to hold harmless Misty Highland Farm, Barry Builders Inc., and the Barry family of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the interaction with animals as part of a voluntary interaction activity held at 1104 North Road, Dayville CT; FURTHERMORE, we/I hereby agree to protect Misty Highland Farm and any members of the Barry family residing at 1104 North Road, Dayville CT, and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from - injury to said minor in connection with his/her participation in the Misty Highland Farm voluntary animal interaction activity and to INDEMNIFY, reimburse or make good to Misty Highland Farm, or its successors, departments, officers, employees, servants and agents any loss and damage and costs, including attorney's fees, the farm or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, negligent, or reckless acts or omissions while participating in the said animal interaction activity conducted at Misty Highland Farm, 1104 North Road, Dayville CT.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

A Parental Medical & Media Release

In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to New Life Assembly volunteers to seek and authorize emergency medical care to be given to my child named above. (For example; first aid, medication, anesthesia, or surgery.) This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. New Life Assembly volunteers will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care.

Additionally, I give permission for my child to be photographed during activities associated with Farm Fresh Faith VBS. I understand that said photos/videos may be used for the New Life Assembly VBS program, and that my child's name will not be used with the image.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

