

Summer Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child to participate in the Happy Goats Farm Camp program.

I understand that camp activities could include recreational, educational, agricultural, and social activities at Happy Goats Farm and on the adjacent lands and properties including Town of Holliston parks and conservation land, wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other natural and human-made dangers and risks including, but not limited to, farm animals, pets, tools, and electric fences.

I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent and sunscreen for my child to use at camp. I will not expect Happy Goats Farm to provide these items.

In the event of illness, injury, and/or accident, I authorize the Camp Director or any Happy Goats Farm staff to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses {not covered by Happy Goats Farm's camper accident policy} incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that Happy Goats Farm may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that Happy Goats Farm is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Happy Goats Farm Camp counselors, employees, volunteers, or owners Diana Phillips and Lee Silverberg or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in Happy Goats Farm Camp activities, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of Happy Goats Farm, its camp counselors, employees, volunteers, or owners Diana Phillips and Lee Silverberg, entities or other persons

released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Happy Goats Farm, its counselors, employees, volunteers, owners Diana Phillips and Lee Silverberg, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Happy Goats Farm, its camp counselors, employees, volunteers, and owners Diana Phillips and Lee Silverberg, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Childs Name _____

Parents Name _____

Parents Signature _____

Date _____