

**Restoration Farm Liability Release Form**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's/Legal Guardian's Name(s): \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

In Emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

I am the Participant name above or, if I am a minor, my/our child or a child for whom I/We am/are a legal guardian is the Participant named above, and will be participating in the FarmFest sponsored by Upper Cross Roads Baptist Church at the premises owned by Restoration Farm, located at 4325 Federal Hill Road, Street, Maryland, 21154 on Saturday, September 14, 2019 (the "Event"). I/We attest that all facts contained in this release relating to the Participant are true and correct.

**Medical Release:**

During the Event and in the event that a parent or legal guardian is not able to be reached to authorize medical treatment for the Participant, if such Participant is under the age of 18, I/We hereby give my/our permission and authorization in the event of any injury or incident for any type of medical treatment deemed necessary by a licensed medical or dental professional selected by an authorized representative of Upper Cross Roads Baptist Church.

**Liability Release:**

I/We hereby represent and covenant not to sue or bring any lawsuit or make any claim under any theory and hereby waive and release all rights and claims I/We or any person claiming through me/us might have under any theory whatsoever (in tort, contract, by statute or otherwise) against Restoration Farm (collectively, "Released Parties") arising from my participation in the Event or, if the Participant is a minor, arising from the participation of my child or the child for which I/We am/are the legal guardian in the Event.

I/We, on behalf of myself/ourselves, my/our child, child for which I/We have legal guardianship, heirs, assigns, executors, administrators, and any others who may take by or through me/us, hereby waive, release, forever discharge and agree to defend, indemnify and hold harmless the Released Parties from and against all claims, demands, losses and causes of action for any damages (including, without limitation, all consequential, economic and incidental damages) liability, loss, cost, fees (including attorney's fees), personal injury or death to me, if I am the Participant over the age of 18, or, if under the age of 18, my child or child for which I/We have legal guardianship, any other person or property, including, without limitation, damage to personal or real property, due in whole or in part, directly or indirectly, by reason of

Liability Release Form

participating in the event whether or not caused, in whole or in part, by the acts, omissions, negligence or misconduct of the Released Parties or any other cause.

I/We understand and agree that this is a complete release and discharge of all of my/our claims and rights against the Released Parties, and that no action will be taken by or on behalf of me/us with respect of any such rights.

I/WE HAVE READ, FULLY UNDERSTAND, AND AGREE WITH ALL OF THE TERMS IN THIS RELEASE AND ACKNOWLEDGE THAT THIS RELEASE IS BINDING UPON ME/US AND THE MINOR CHILD OR CHILDREN FOR WHICH I/WE HAVE LEGAL CUSTODY OF OR LEGAL GUARDIANSHIP. I/WE ACKNOWLEDGE THAT THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND ARE NOT BY WAY OF RECITAL. I/WE FURTHER PROMISE THAT I/WE AM/ARE FULLY AUTHORIZED TO EXECUTE THIS RELEASE AND THAT I/WE HAVE DULY AND VALIDLY EXECUTED THIS RELEASE OF MY/OUR OWN FREE WILL.

**If Participant is UNDER the age of 18, this Release shall be signed by parent(s) or legal guardians(s):**

\_\_\_\_\_  
Signature of Parent or Legal Guardian of Participant

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian of Participant

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian of Participant

\_\_\_\_\_  
Date

**If participant is OVER the age of 18, this Release shall be signed by the Participant:**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date