Volunteer Liability Release and Waiver Form

Growing Minds Farm Education

Participant Information

Name: _____ Date of Birth: _____ Address: _____ Phone Number: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____ Phone Number: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISKS

I, the undersigned volunteer, hereby acknowledge and agree to the following:

1. Acknowledgment of Risks

I understand that volunteering with Growing Minds Farm Education involves inherent risks, including but not limited to:

- Physical risks associated with working with children
- Potential injuries from farm animals (horses, goats, sheep, etc.)
- Exposure to farm equipment and agricultural environments
- Potential slip, trip, and fall hazards
- Unpredictable animal behavior
- Physical strain and exertion

2. Assumption of Risk

I voluntarily assume full responsibility for any and all risks, known and unknown, associated with my participation as a volunteer, including potential injury, illness, disability, or death.

3. Health and Medical Representation

- I certify that I am physically fit and capable of participating in farm education activities.

- I have no medical conditions that would impair my ability to safely volunteer.
- I agree to immediately report any medical concerns or physical limitations to staff.

4. Release of Liability

In consideration of being permitted to volunteer, I hereby:

- Waive any and all claims against Growing Minds Farm Education
- Release the organization from liability for any injury, loss, or damage
- Agree not to sue the organization for any incidents arising from my volunteer work

5. Indemnification

I agree to indemnify and hold harmless Growing Minds Farm Education from any claims, damages, or expenses arising from my participation.

6. Photography and Media Release

I grant Growing Minds Farm Education permission to photograph or record me during volunteer activities and use these materials for promotional purposes.

7. Minor Supervision and Code of Conduct

I agree to:

- Follow all safety guidelines and instructions provided
- Maintain appropriate boundaries with children
- Report any safety concerns immediately
- Comply with background check requirements (if applicable)

8. Confidentiality

I understand that I may be exposed to confidential information about participants and agree to maintain strict confidentiality.

Signature

By signing below, I acknowledge that I have read, understood, and voluntarily agree to all terms of this Liability Release and Waiver Form.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if volunteer is under 18): _____ Date: _____

Witness Signature: _____ Date: _____

Important Notes

- This form must be completed and signed before beginning volunteer work
- A copy will be provided to the volunteer
- The original will be retained by Growing Minds Farm Education