



## Volunteer Consent Form

For consideration of participation in farm activities at WHOA Farm, Inc., I here-by relinquish my rights to make claim against WHOA Farm, Inc., and/or any of its agencies, representatives, volunteers, employees, et-al in the event of injury, death, or otherwise to me or my child during the aforementioned activities.

I understand and accept that participation in these activities is voluntary, and I accept and assume all responsibility and liability for my own safety and the safety of others before, during and after this activity. I hold WHOA Farm, Inc., its employees, volunteers, staff and others, free from liability, accountability, or otherwise in the event of an injury, or otherwise.

Please list two emergency contacts:

Name \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Please list any allergies and medical conditions that would otherwise prevent your child from participating in all activities at the Whoa Farm:

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date