



Parental Consent Form

I do hereby grant consent for my son/daughter, _____
to volunteer at The WHOA Farm 4927/4947 Petaluma Hill Road, Santa Rosa, CA.
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 the safety of my child 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:

Parent/Guardian signature

Date