



**Farms For City Kids Foundation, Inc.
(at Spring Brook Farm)**

Release and Consent

We, the parents or legal guardians of _____, a minor (the "Child"), acknowledge the Child's intention to participate voluntarily in a program (the "Program") to be conducted at Spring Brook Farm by Farms For City Kids Foundation Inc. (the "Farm / Foundation"), utilizing horses, cows, other farm animals, farm equipment, personnel, and the facilities of the Farm.

We consent to the Child's participation in all activities of the Program which may include vehicular travel, athletic competition, swimming, hiking, animal husbandry, climbing, and activities in close proximity to farm animals or various types of farm equipment. We acknowledge that the Child's participation is voluntary and that the Program's activities may involve above normal risks. We understand further that although the Farm / Foundation has taken all reasonable precautions to provide safe equipment and qualified staff and supervisors, it is impossible to guarantee absolute safety and we therefore assume such risks on behalf of the Child and understand that the Child shares the responsibility for safety during the activities.

In consideration of the Child being permitted to participate in all activities of the Program, we hereby release, save and hold harmless the Farm / Foundation, its Trustees, Directors, officers, servants, and other personnel from all liability, claims and causes of action, of any kind, for personal injury or damage to property arising out of the Child's participation in the program which the Child, or we, may have, unless such injury or damage is result of gross negligence on the part of the Farm / Foundation or any of its staff or personnel.

In the event that the Child is injured while participating in the Program, we hereby consent to his or her treatment by any physician, dentist or health facility in the event of a medical emergency. We hereby authorize a representative of the Farm / Foundation to consent on our behalf to any emergency medical or dental treatment to be rendered to the Child and grant the Farm / Foundation full authority to take whatever actions they may consider warranted under the circumstances regarding the Child's health and safety. The Farm / Foundation will make reasonable attempts to contact us in advance of such emergency treatment, provided medical circumstances permit. We fully release the Farm / Foundation its Trustees, Directors, officers, servants and personnel from any liability for such decisions or actions as may be taken in connection therewith. We understand that we will be financially responsible for the costs of any such medical treatment.

Photocopies and facsimiles of this Release and Consent shall have the same legal effect as the original.

Date

Name of Parent or Guardian

Home Telephone

Signature

Business Telephone

Name of Parent or Guardian