

# Participant Information



CENTER FOR  
LAND-BASED LEARNING  
FARMS Program

Student First & Last Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

## MEDICAL INFORMATION

Describe any physical limitations, medical conditions, or current medications that may affect your ability to participate in activities, including asthma, seizures, and diabetes.	
List any food allergies	
Do you carry an Epi-pen or inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know how to swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Name: \_\_\_\_\_ Physician Phone#: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Group Number; \_\_\_\_\_ Member Number: \_\_\_\_\_

## PERMISSION TO PARTICIPATE

This certifies that \_\_\_\_\_ has the permission of their undersigned parent or legal guardian to participate in the FARMS Program with Center for Land-Based Learning during the 2024-25 school year.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Guardian: \_\_\_\_\_



# Participant Waiver

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Center for Land-Based Learning (“CLBL”) is a non-profit corporation that inspires and motivates people of all ages, especially youth, to promote a healthy interplay between agriculture, nature, and society through their actions as leaders in their community.

I wish to participate in the FARMS Program. By signing below, I, the Program Participant, and the Participant’s legal guardian agree that:

- Policies and Safety Rules: For my safety and that of others, I will comply with CLBL’s Program policies and safety rules and its other directions for all activities.
- Permission for Travel: I authorize CLBL staff and CLBL volunteers to transport me in vehicles to various sites if required for my participation in the FARMS Program.
- Awareness and Assumption of Risk: I understand that my participation in the FARMS Program has inherent risks that may arise from CLBL’s operations, my actions or inactions, or the actions or inactions of CLBL, its directors, officers, employees, and agents, volunteers, and others present at the Program. These risks may include but are not limited to, transportation to and from sites by CLBL staff and CLBL volunteers and dangers and conditions inherent to activities and farm property, including bees, poison oak, dust, noise, smell, spray drift, animals, uneven terrain, lack of outdoor lighting, allergens (including nuts and hay), power tools, and other farm equipment. I assume full responsibility for any risks of bodily injury, death, or property damage caused by or arising directly or indirectly from my presence at sites or participation in CLBL activities and programs, regardless of the cause.
- Waiver and Release of Claims: I waive and release any claims against the owner or owners of premises on which the FARMS Program takes place (collectively, the “Landowner”), CLBL, other tenants of Landowner’s premises, and CLBL’s, Landowner’s, and other tenants’ directors, officers, agents, employees, volunteers, and affiliates (collectively, the “Released Parties”), for any liability, loss, damages, claims, expenses and attorneys’ fees (collectively, “Liabilities”) resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at the site, or participation in CLBL activities or programs, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties based on these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release. I understand that CLBL would not permit me to participate without my agreeing to these waivers and releases.
- Medical Care Consent and Waiver: I authorize CLBL to provide me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon CLBL to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment, or medical service, including the lack or timing of such, made in connection with my participation in the FARMS Program.
- Publicity: I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, or other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in the Program. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for the creation or use of the finished product.

If you do not wish to agree to this publicity consent, please check this box:

- Indemnification: I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any person in a relationship with me or any other third party, which may arise directly or indirectly from my participation in the Program, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

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Program Participant Signature

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Program Participant’s Name

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Parent’s/Guardian’s Signature

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Parent’s/Guardian’s Name

