

WAIVER AND RELEASE OF LIABILITY FORM

Wendy Beer trading as Beersheba Enterprises herein referred to as Beersheba Farm

EDUCATIONAL AND LEISURE ACTIVITIES

All details must be fully completed

Name of Participant: _____

Name of Guardian (if Participant under 18 years): _____

Address: _____

Email: _____

Telephone: _____ Date of Birth: _____

Risks of Farm Educational Activities

I understand and acknowledge that:

1. Farms are inherently dangerous;
2. Farm animals can be dangerous and can act in sudden and unpredictable ways, especially if frightened or hurt;
3. Farm animals can carry diseases and that hand washing is important and any instructions given by Beersheba Farm, it's employees, partners, volunteers and assigns as to hand washing should be followed;
4. I have read and understood the conditions of entry to Beersheba Farm;
5. That any fenced area may be dangerous and should not be entered into without express permission;
6. Farm equipment is obviously dangerous;
7. There is risk of serious injury, death or accident to children and adults participating in farm educational and leisure activities.

I have voluntarily read this warning, understood this warning, accept, and assume all of the risks inherent or otherwise of participating in farming educational and leisure activities, associated activities of Beersheba Farm.

I understand that I can choose not to participate in any activity if I feel that it is too dangerous and will do so.

I agree that I PARTICIPATE at my OWN RISK and that the proprietor shall not be liable for my personal injury, death, loss or damage occasioned to me and/or the children under my care or any loss or damage occasioned to any of my possessions whether such liability arises out of any express or implied term of my participation in the activities or at common law or in any other way.

Conduct

I agree to follow the rules and regulations as set out in the booking package/registration form/ conditions of entry for Beersheba Farm and that any misconduct or refusal by me to follow any direction will result in CANCELLATION of my booking and immediate removal from Beersheba Farm NO MATTER where that may occur.

I agree to follow all instructions and safety advice given to me by Beersheba Farm, it's employees, partners, volunteers and assigns.

Medical Treatment Consent

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and or illness during any farm educational and leisure activities.

Effect of this Document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Beersheba Farm, being Wendy Beer, employees, volunteers and assigns to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

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Signature of Participant/Guardian

Dated: _____