

## GIBSONS FARM

### ACKNOWLEDGEMENT OF RISK/CONSENT

*Please review the following and decide whether you agree that your child may participate.*

**Participant Name:** \_\_\_\_\_

**Risks Associated with Activities:**

<b>Activity</b>	<b>Risks include, but are not limited to:</b>	<b>Source of Risk</b>	<b>Guardian Initials</b>
Water Activities	Drowning, hypothermia	The farm contains deep ponds and Chaster Creek runs through part of the property. Chaster Creek is up to waist deep and the ponds are deeper than adult standing height with slippery sides.	
Animal Contact	Injury/illness	Sheep, goats, chickens, ducks, pigs, llamas, rabbits, dogs, and other farm animals are present on our farm and neighboring farms which we may visit. All animals are generally friendly; however, all animals can also be unpredictable.	
Outdoor Activities	Scrapes/ Bumps/burns/ Breaks, concussion, etc.	General active play.	
Exposure to outdoor elements (bug bite and allergens)	Allergic reaction	Exposure to various allergens including, but not limited to, pollens, bug bites, plants, foods.	
Use of tools	Cuts or bumps	Tools available for learning are shovels, rakes, hoes and other garden equipment, knives for carving and cooking, axes.	

**Acknowledgement of Risk and Consent**

I understand that there are inherent risks involved in these activities. I recognize that these risks could result in consequences that include general physical injuries, head or spinal injuries, physical or emotional trauma, infection, death or financial loss (e.g., damaged or lost personal equipment or medical costs.)

I have fully informed myself about the nature of these activities and the inherent risks associated with these activities.

I acknowledge that I have been encouraged to ask for clarification about the nature of any activity and the safety measures to be used by the farm to manage risks.

**I understand and agree:**

1. That the physical demands of this particular program require that my child is medically, physically, and emotionally fit and fully able to participate in the activities. I am not aware of any reason, health-related or otherwise, why my child would not be capable of participating in any or all of the planned activities. The program's instructors reserve the right to refuse my child's participation in any activity if they deem them not fit to participate.
2. I acknowledge that Gibsons Farm cannot guarantee absolute safety. I also understand that my child is, in part, responsible for their own safety and that they must act prudently and carefully. I understand and acknowledge that my child may suffer serious and permanent injury or damage to or loss of property, resulting directly or indirectly from their own negligence, failure to follow direction, misadventure or unavoidable or unintentional accident. I also understand and acknowledge that all of the potential risks cannot be listed in this Agreement.
3. The setting and activities that my child will be participating in requires that they have adequate clothing and personal equipment to keep them warm and dry. It is our family's responsibility to ensure that our child is properly equipped for the program.
4. I understand that it is our family's responsibility to communicate to the farm staff any particular/ specific need that my child has prior to the first day of the program.

I consent to my child's participation in the activities.

(Please initial)

**I CONFIRM THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE TYPES OF ACTIVITIES MY CHILD WILL BE PARTICIPATING IN AND THE ASSOCIATED RISKS OF THOSE ACTIVITIES.**

**I understand that by signing below, I am acknowledging my agreement to the above.**

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN NAME

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

<b>Participant Information</b>	
Allergies*	
Describe Allergic reaction	
Other Health Concerns	
Emergency Contact Information #1	Name: _____ Relationship to Participant: _____ Phone: _____ Phone 2: _____
Emergency Contact Information #2	Name: _____ Relationship to Participant: _____ Phone: _____ Phone 2: _____

\* All allergen information shared on these forms will be communicated to farm staff. Students with known anaphylaxis **must** carry their own EpiPen.