



## Full Moon Rising Farm (FMRF LLC) Camp Participation Waiver

I understand and certify that as legal guardian of \_\_\_\_\_, my child's participation in activities at FMRF LLC is completely voluntary, and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent with any activity at FMRF LLC and I acknowledge that although safety measures are taken to minimize the risk of injury to participants, FMRF LLC cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries. I further recognize that in consideration of participation, and knowing the dangers, hazards and risks (foreseen or unforeseen) I agree to release and hold harmless FMRF LLC facility property owners, camp staff and volunteers from any and all liability, actions, causes of actions, claims, expenses, and damages for injuries to my child or property, which result from my child's participation or any other associated activities. I agree to pay the costs associated with participation and I have instructed my child in the importance of following the instructions of the staff, abiding by the procedures for safe participation and acting in a responsible manner. In the case of emergency illness or injury, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily or any loss sustained through participation in camp activities. I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for the participant's immediate care.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Legal Guardian \_\_\_\_\_

\_\_\_\_\_ (initial) I grant permission for my child to be photographed and/or videotaped for promotional purposes. I understand that some photographs may appear in public marketing materials including social media outlets, newspaper, magazines, etc.

\_\_\_\_\_ (Initial) I prefer my child NOT BE PHOTOGRAPHED or VIDEOTAPED.



**Full Moon Rising Farm**

**Full Moon Rising Farm (FMRF LLC) Emergency Form 2022**

I give permission for my child \_\_\_\_\_ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The number I can be reached during farm camp session is \_\_\_\_\_  
Name of Secondary Contact Person Phone # ---

Preference Hospital Address: Hospital Phone # \_\_\_\_\_  
Health Insurance Company Name \_\_\_\_\_  
Policy # \_\_\_\_\_  
Insurance Company Phone # \_\_\_\_\_

I give permission to Full Moon Rising Farm staff to give my child the following nonprescription medication:

- \_\_\_\_\_ Homeopathic Remedies
- \_\_\_\_\_ Tylenol
- \_\_\_\_\_ Advil
- \_\_\_\_\_ Children's Benadryl
- \_\_\_\_\_ Cortisone Cream
- \_\_\_\_\_ I prefer my child not be given any non-prescription medications at camp

Signature \_\_\_\_\_ Date \_\_\_\_\_

My child has the following allergies:

Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

In the case of severe allergies, parents must provide an allergy action plan, and epi-pen if prescribed by a health care professional. \*Please note: Full Moon Rising Farm Camp Staff cannot administer prescription medication to your campers. Your child must self-administer any medications you bring. Medications must be accompanied by a note from the doctor. Please send clear written instructions detailing administration of medication and reason for prescription. Medications must be given to us in the original container with name, medication and dosage clearly labeled w/ your child's name. All medications must have a current manufacturer's expiration date.