



**Mason Hills**  
*Hills to Meals*



**FARMERS IN ACTION**  
FEEDING EVERYONE



## Grow Forward Youth Program

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### *Waiver and Release of Liability Form*

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Hosted by Farmers in Action at Mason Hills Farm

Program Dates: June 16 – June 20, 2025

### Participant Information

Full Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

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

Emergency Contact Phone Number: \_\_\_\_\_

### Parent/Guardian Information (If Under 18)

Full Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Waiver and Consent

I, the undersigned participant (or parent/guardian if under 18), understand that participation in the Grow Forward Youth Program at Mason Hills Farm involves physical activities including, but not limited

to, walking, planting, harvesting, interacting with animals, and participating in outdoor educational workshops.

I acknowledge that:

- I am voluntarily participating in this program.
- I assume all risks associated with farm activities including but not limited to slips, falls, animal contact, weather exposure, and other unforeseen hazards.
- Farmers in Action and Mason Hills Farm are not responsible for any injuries, losses, or damages incurred during the course of participation, unless due to gross negligence.

## Medical Consent

In the event of an emergency and I cannot be reached, I authorize program staff to seek appropriate medical care for the participant. I release Farmers in Action and its staff, board members, and volunteers from any liability related to such medical care.

Known Allergies or Medical Conditions:

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## Photo and Media Release

I give permission to Farmers in Action and Mason Hills Farm to photograph or video record the participant during the program and use these images in promotional materials, social media, and reports.

☐ Yes    ☐ No

## Consent and Signature

I have read, understood, and voluntarily agree to the terms of this waiver and release form.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_