Hard Bargain Farm Environmental Center <u>Overnight</u> Medical Information, Parent Permissions, and Waiver Form

Please read this entire document, provide all requested information, and sign and date where indicated**. This Student Agreement form must be completed, signed, and returned for <u>EACH</u> student attending the trip. <u>Students without a signed and completed Agreement form will not be permitted at Hard Bargain Farm Environmental Center.</u>**

Date of field study:_____ School Name:_____ Teacher Name:_____

Student Participant's Name:_____ Date of Birth:_____Grade:_____

Name of Parent or legal guardian: (1) _____ (2)_____

Day phone:_____ Evening Phone:_____

Emergency Contact:_____ Day Phone:_____

Physician's name:_____ Phone:_____

Health Plan Information:_____

Does the participant have any food allergies?_____

Does the participant have any health concerns (medicine allergies, physical conditions, etc.)?

I give permission for the following non-prescriptions to be administered (circle yes or no below):

Tylenol: ☐ yes ☐ no Advil: ☐ yes ☐ no Benadryl: ☐ yes ☐ no

PARENTS' PERMISSION AND WAIVER AGREEMENT

The undersigned, parent of _____, a participant of Hard Bargain Farm Environmental Center for the field study dates _____ does agree with the following:

My child has permission to participate in all activities at Hard Bargain Farm Environmental Center. I hereby release the Alice Ferguson Foundation from all liability claims and damages in excess of applicable insurance including; but not limited to: personal injury or illness, property damage, court costs, attorneys' fees and interest, however caused, as a result of the student participating in any program at Hard Bargain Farm Environmental Center/Alice Ferguson Foundation. I give my permission to Hard Bargain Farm Environmental Center/Alice Ferguson Foundation to seek medical attention for this child including, but not limited to, medical care prescribed by a duly licensed physician (M.D.), or Dentist (D.D. S.). I also authorize Hard Bargain Farm Environmental Center staff to administer first aid to this child or transfer this child to a medical facility, if the need arises. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I grant permission for my child's name, voice, and photographic likeness to be used by the Alice Ferguson Foundation, and school personnel, or reporters, journalists or photographers employed by news media. I understand that my child's likeness may be used in publications and /or other media, whether now known or hereafter existing, controlled by the Alice Ferguson Foundation, in perpetuity, and for other use by the Alice Ferguson Foundation. I will make no monetary or other claim against the Alice Ferguson Foundation for the use of the photograph(s) video.

I further acknowledge and accept the risks to myself, my child, and my family of exposure to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is responsible for Coronavirus Disease (COVID-19), and any mutation or variation thereof, which may result from my child's participation in this program. I further acknowledge and accept that these risks are shared by all participants, Alice Ferguson Foundation staff, and their families, and pledge to follow all

rules and guidelines set out by the Alice Ferguson Foundation and state and local authorities.

By signing my name below, I hereby acknowledge that the medical information I have provided is true to the best of my knowledge. I additionally acknowledge that I have read and agree to the terms and conditions of the above Parent Permissions & Waiver Agreement.

Parent's Name:_____

Parent's Signature:_____Date:_____