



# MATTHEW 25 FARM, INC

Farm Office: 919 Mechanic Street, Tully, NY 13159—www.Matthew25Farm.org

## LIABILITY WAIVER FOR 2018

This form may be printed from the Website, completed and either emailed to [Matthew25Farm@yahoo.com](mailto:Matthew25Farm@yahoo.com) or mailed to the above address or brought to the Matthew 25 Farm ("Farm") prior to or on the first visit of a volunteer in any calendar year. This form must be signed by a parent /guardian before involvement on any of the Farms (properties) by anyone 18 years or younger. All those 19 and above must sign the form prior to volunteering.

### PURPOSE

Safety is of paramount importance in any event or activity on the Matthew 25 Farm, with locations at 919 Mechanic Street and at Strong Road, Tully, NY, and 2574 Tully Farms Road Ext, LaFayette, NY. For the protection of all involved, this disclaimer or waiver is necessary. Swimming, wading, boating and fishing are not permitted in the ponds or streams. Also, wandering or "exploring" in the wooded areas, in the creek bed, or in the barns is not permitted.

### CONSENT

I do not hold and will not hold the Board of Trustees, employees or volunteers of the Matthew 25 Farm, Inc, including programs of the Farm, such as the volunteering to plant or harvest at the farm, volunteering for a food pantry, transporting volunteers or produce, to include any person(s) who own and/or operate a farm, real estate, property, vehicle or equipment, liable for any injury, bodily harm, illness, accident or death of myself and/or child during any event or activity sponsored by the Farm. In addition, I assume for myself and child all responsibility for seeking emergency hospitalization, medication, surgery, or medical attention if necessary, either during or after participating in an event or activity sponsored by any of the above named entities.

### ALERGIES

By signing this consent form, the signee understands that there are several beehives located on each farm, used for pollination. Individuals allergic to beestings will NOT be allowed to volunteer on the farm unless they have on their person an up-to-date EPI-Pen. Those with allergies to pollen are urged to use common sense before volunteering.

***Please print:***

Name of Volunteer: \_\_\_\_\_

Organization, if any, represented: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Add me to the farm's e-mail list for updates: **Yes** or **No** Willing to serve on a farm committee: **Yes** or **No**

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

***If under the age of 19:***

Child's Date of Birth: \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Today's date: \_\_\_\_\_

***Optional Photo Release/Consent Waiver*** \_\_\_\_\_ (Please initial if you consent to the following photo release waiver.)

I consent that the photographs, audio, video, or recordings submitted may be used by the Matthew 25 Farm in whatever way they desire, including television, CD-ROMS, web page, publication, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information, photographs, videos and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, records and plates as they may desire free and clear of any claim whatsoever on my part.