

## **Volunteer Assumption of Risk and Release of All Claims**

Thank you for volunteering at our farm! We appreciate that you have chosen to spend time with us. Before you begin, we need you to know that volunteering on our farm can expose you to personal injury or damage to your property. This waiver outlines our respective rights and responsibilities relating to that risk. Please read this waiver carefully and let us know if you have any questions. A signed waiver is good for the entire 2016 farm season.

### **1. Volunteer Status.**

I would like to volunteer in activities at Keelboat Farms LLC (the "Farm"). I understand that as a volunteer I will not be paid for my efforts and I will not be covered under workers compensation insurance. I am at least 18 years of age. Volunteers under the age of 18 must have this waiver signed by a parent or guardian.

### **2. Risks of Volunteering**

I understand that the activities at the Farm involve serious risks. I may be exposed to, for example, but not limited to: insects; wildlife; farm animals; inclement weather; farm machinery; tools; the actions and negligence of employees, volunteers, and other people present on the farm; and dangerous conditions on the land such as holes in the ground or electric fencing. I understand that these examples are not all-inclusive and there may be additional risks, all of which may involve serious personal injury, death, or damage to my property.

### **3. Release of Claims and Assumption of Risk**

In exchange for the opportunity to participate in activities on the Farm, I (and my family, heirs, and personal representatives) willingly and knowingly release the Farm and its officers, owners, employees and agents from any and all liability for any personal injury or damage relating to my participation. I (and my family, heirs, and personal representatives) agree to assume all of the risks and responsibilities of my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation on the Farm.

### **4. Medical Care Authorized**

I am physically fit to participate in activities at the Farm. I understand that there are no medical services available on site or otherwise, and I give permission to the Farm to authorize emergency medical treatment for me. I release the Farm and its officers, owners, employees and agents, from liability for any injury or damage that might extend from such emergency medical treatment.

I further agree that this waiver should be interpreted as broadly and inclusively as state law permits.

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Printed Name of Volunteer

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Signature of Volunteer

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Date

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Emergency Contact Name / Phone Number