



## 2014 Youth Farming Classes

<p>Session 1: June 16th-19th 9:00am-2:00pm Suggested Ages 6-11 Cost \$225.00</p> <p style="text-align: center;">Session 2: class full</p> <p>Session 3: July 7th-10th 9:00am-2:00pm Suggested Ages 6-11 Spanish Cost \$225.00</p> <p>Session 4: July 14th-17th 9:00am-12:00pm Suggested Ages 3-6 Cost \$150.00</p> <p>Session 5: Jul 21<sup>st</sup>-24th 9:00am-12:00pm Suggested Ages 3-6 Spanish Cost \$150.00</p> <p>Session 6: Jul 28th-31st 9:00am-2:00pm Suggested Ages 6-11 Cost \$225.00</p> <p>Session(s) register for _____</p>	<p style="text-align: center;">Circle session or sessions, mail completed form with payment and liability waiver signed to:</p> <p style="text-align: center;">Ollin Farms 8627 N. 95<sup>th</sup> St. Longmont, Co.80504</p> <p>Child name _____</p> <p>Sex _____ Age during class _____</p> <p>Grade in fall _____</p> <p>School _____</p> <p>Allergies and Diet restrictions _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Parent name : _____ Phone : _____</p> <p>Address: _____</p> <p>Email: _____ Other phone: _____</p> <p>Emergency Contact: _____ Phone: _____</p> <p>_____</p>
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## Release of Liability Waiver

I understand that while safety is an integrated part of the Youth farming classes, there are risks involved in participation in recreational activities.

I, \_\_\_\_\_, on behalf of my minor child, \_\_\_\_\_, expressly understand and agree that Ollin Farms, employees, volunteers and/or owners shall not be held responsible to any claims from any liability of personal injury, death, or property damage through my child's participation in the Ollin Farms 2014 Youth farming classes.

I am fully aware, understand and acknowledge that my child will be involved in physical activities, both outside and indoors, during the class, including farming activities, interaction with animals, soil, gardening, and arts and crafts that my child will engage in that may result in physical injury. I understand and acknowledge that these activities have inherent risks associated with them, and I knowingly assume those risks, release and covenant not to sue Ollin Farms for any liability whatsoever resulting from my child's participation in the activities of the Farming class. In the event of an injury, I consent to emergency medical attention for my child.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2014

Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Participant name (please print) \_\_\_\_\_