

Farm to Table Cooking Camp Registration

Child's Name _____

Parent(s) _____

Address _____

Cell Phone: _____

Work phone: _____

Email address _____

Child's birthday _____

Emergency Contact Information:

Name _____

Contact Number: _____

Does your child have any medical needs/ food allergies that we need to know about? _____

Fee is \$255.

You are welcome to send a deposit of \$127.50 and pay the balance of \$127.50 on 7/22/19.

Registration Deadline: Please register as soon as possible.

PLEASE READ THE FOLLOWING CAREFULLY AND PHOTOCOPY FOR YOUR RECORDS

Mail to: Scarlett Williams 2001 South Main Street Suite 104 Blacksburg, VA 24060

Waiver

(1) In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have as a result of above named participation. This release is intended to discharge in advance Scarlett Williams and Glade Road Growing, and their volunteers, and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

(2) I understand that serious accidents occasionally occur during outdoor activities, or indoor activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which the above signed is registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

(3) It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

(4) I give Scarlett Williams and Glade Road Growing the right to use photographs of the above signed, participating in this program, in its own promotional and news materials.

(5) I and/or the above signed agree to accept and abide by the rules, regulations, and ethics of Scarlett Williams and Glade Road Growing.

(6) List above any medical problems such as allergies, asthma, allergic reactions to bee stings, etc. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program (see list below) and that it is the responsibility of the parent or guardian to make sure these criteria are met

I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to the injured said participant when deemed necessary. Parent or Guardian has read and understands the following two statements:

YOUR CHILD WILL BE INVOLVED WITH SUPERVISED PHYSICAL ACTIVITY and may run, jump, swing, and climb trees. If you do not want your child doing certain kinds of activities, please inform us in writing and we will ask your child to refrain from said activity. YOUR CHILD MAY COME INTO CONTACT WITH OTHER LIVING CREATURES. Bee stings, tick bites, scratches from plants, and rashes as a result of contact with plants are possible. We will teach your child to identify plants like poison ivy, but they still might touch it! We will teach your child to check for ticks, but they still might get one imbedded.

Parent/ Guardian Name: _____

Parent/Guardian SIGNATURE: _____

Date: _____