

RELEASE OF LIABILITY

I hereby authorize the staff of HOPE Farm and its representatives to act on my behalf according to their best judgment in any medical emergency, and I hereby waive and release HOPE Farm and its representatives from any and all liability for any injuries or illnesses incurred while at the event. I have no knowledge of any **physical impairments or medical condition** that would be affected by the below named person's participation in the event.

Name of Participant

Signature of Parent/Legal Guardian

Date