

Medical Form

Because of the ever changing nature of medical and requested information, we require a new form be completed for each program attended. Please print clearly in blue or black ink and sign the second page in two separate places. Mail completed form to: PANTHER RIDGE FARM • P.O. Box 6042 • Altadena, CA 91003

Last Name _____ First Name _____ Gender _____
 Date of Birth ___ / ___ / ___ e-mail _____
 Street Address _____ City _____
 State _____ Zip _____ Phone/cell _____ Home: _____ Work: _____

Emergency Contact Information

Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 Out-of-state contact (name and phone) _____

Medical Conditions (CONFIDENTIAL**)**

So that we can properly assist you, it is your responsibility to make PANTHER RIDGE FARM aware of any medical conditions below and at registration. Please attach additional pages as needed.

Does your child:

Wear contact lenses/glasses?.....	N	Y	* Have an allergic reaction to:
Wear a hearing aid?	N	Y	1. Medications?
Have asthma?	N	Y	2. Insect bites or stings?.....
Have any physical disabilities?	N	Y	3. Foods?
Have any special needs that may affect your participation in the program (e.g. fears, 2 nd language, ADD).....	N	Y	4. Plants?
Have any other condition that may endanger, alter, or somehow limit your ability to participate in the program	N	Y	5. Other?.....
			*Take any medication currently?
			*Use medication for allergic reactions?.....
			*Have special dietary needs? (e.g., Vegetarian, Vegan, GF etc.)...N
			Y

Please explain in detail any "yes" answer marked above:

*****Note: if you anaphylactic allergic reactions we request that you bring EpiPen or AnaKit*****

Insurance Information (if you do not carry health insurance, please indicate so)

Name of Health Insurance Carrier: _____
 Group/Plan Number: _____ Phone: _____
 Physician Name: _____ Phone: _____
 Date of last tetanus booster: _____

Photo Release: By signing at the bottom of this form I hereby grant free permission for PANTHER RIDGE FARM to use still or motion picture images of myself or my child participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

[] No, I do not wish to grant a photo release (Please consider granting this request to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs and video).

Medical Release: In the event that I require medical attention while participating in this program, I hereby grant permission to PANTHER RIDGE FARM and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

Release Form

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of being allowed to use the facilities and participate in gardening, guided hiking/biking tours, overnight camping trips, cultural events and miscellaneous activities (collectively the "Activities"), which may change from season to season, provided by PANTHER RIDGE FARM (the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant's participation in the Activities or the use of any equipment provided by the Host ("Equipment"), including while receiving instruction and/or training;
- 2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death.
- 3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participants (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training. The Participant and his/her parents(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, o the fullest extent permitted by law. However, nothing ins this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and
- 4) **TO INDEMNIFY** the host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Personal Responsibility

The participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Hosts' Equipment and facilities before any participation.

The Participant and his/her parents(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings.

If, while participating in the Activities, the Participant or his/her parents(s) or legal guardian(s) observe any unusual hazard or condition which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participating from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

To the extent that any portion of this agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceedings.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT
I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Participant's name (printed)

Participant's signature Date

Parent/guardian's name (printed)

Parent/Guardian's signature Date

Once completed mail to: PANTHER RIDGE FARM • P.O. Box 6042 • Altadena, CA 91003 or scan/email to: info@pantheridgefarm.org

For office use only: Class _____ Day _____ Semester _____

V: 1 March 2017