

All submissions become the property of the "Watkins Farm for Our Future (Please Type or Print)

Name:		
Address		
City	State	Zip Code
E-mail	Home ()_	
Cell ()		
 Seed Starting Class: Mar 18th (10am – 12 Seed Starting Class Mar 19th (10am – 12 INTRO to Beekeeping Class: May 9th (1p) 	2pm) \$30.00 doll	lars 🗆 check 🗆 cash
I, (name)	will be	participating in farm / garden activities
and/or educational workshops located at Fair W	eather Farm at Fairhill. Durin	ng these farm activities and/or
workshops, I could be using hand tools, gardeni	ng equipment (not heavy mac	chinery) and apiary tools. I understand I
could encounter various farm animals, livestock	a, insects/bees, etc. I recognize	e that my participation could present
potential hazards, including but not limited to cu	uts, burns, slips, falls, allergic	reactions and other events which could
cause injury as a result of activities, products an	d/or equipment used. By sign	ing this form, I release Fair Weather
Farm at Fairhill, also "Watkins Farm for Our Fu	ture", both its agents, represe	entatives, employees, and volunteers
from any damages, legal claims and liability that	at might arise from my particip	pation provided at Fair Weather Farm
at Fairhill on event date		
Signature:		Date
Allergy Information: Do you have any allergie	es to vegetables? Farm Anima	als? Bees? Hay? Other of importance?
Yes or No (circle one) If yes, please explain:		
Media Waiver: Further, I give my permission	to Fair Weather Farm at Fairl	hill and representatives of "Watkins
Farm for Our Future" to photograph and/or vide	otape myself during the activ	vities & educational workshops. I
understand that Fair Weather Farm at Fairhill w	ill have ownership of the pho	tographs and videotapes and I give
them the right to use the photos and videos freel	ly for education, promotion, a	and public relations. I understand that I
will not receive payment for use of videos and p	photographs. I hereby release	and hold harmless Fair Weather Farm
at Fairhill and "Watkins Farm for Our Future", I	both its agents, employees, ar	nd officials from all claims and liability
relating to said photographs.		
Print:		

Signature:_____

____Date:_____

Class Location: 5821 Telegraph Road Elkton, MD 21921

