

THE DALBY FARM EXPERIENCE: Exploring Farm Animals

REGISTRATION FORM (ONE PER PERSON)

A separate form is required for *each participant* and must be accompanied by a nonrefundable \$100.00 enrollment fee. Please complete this form in full, including ALL requested information.

Mail to: Dalby Farm, P.O. Box 341, Scituate, MA 02066

PLEASE PRINT CLEARLY

Participant Name: _____ Male/Female _____

Date of Birth: _____ Age: _____ Grade (Fall 21-22): _____

Parent/Guardian Name(s) _____

Mailing Address _____ City: _____ State _____ Zip: _____

Home Phone: _____ Guardian Work/Cell Phone: _____

Guardian Work/Cell Phone: _____ Email Address: _____

IMPORTANT! In an emergency situation, the above numbers will be called. Please provide additional Emergency Information below in case we are unable to reach anyone at the above numbers.

Name: _____ Relationship: _____

Phone: _____ (if different than those provided above).

Medical conditions that we should be aware of (allergies: food/insects, behavioral etc.) _____

Insurance Company Name: _____ Policy Number: _____

<u>Program Name</u>	<u>Start Date</u>	<u>Fee</u>
_____	_____	\$ _____
_____	_____	\$ _____

Total Due: \$ _____

LESS \$100 non-refundable deposit per session: (_____)

Balance Due: \$ _____

PAYMENT METHOD: Cash: _____ Check (payable to DalbyFarm): _____

REFUND POLICY:

The program fee includes a nonrefundable \$100.00 enrollment fee. If you cancel for any reason before the program begins, your refund (less the \$100.00 enrollment fee) is calculated by the following schedule: 60+ days in advance, 100 percent; 21 days in advance, 50 percent; less than 21 days in advance, no refund. All cancellations must be received in writing. We reserve the right to cancel a session due to low enrollment. In this case, a *full refund* (including enrollment fee) will be given. Refunds are not given for sick or absent days.

PLEASE CONTINUE TO OTHER SIDE. **RELEASE MUST BE COMPLETED AND SIGNED TO PARTICIPATE IN PROGRAM. THANK YOU!**

OFFICE USE ONLY

Date received: _____ Payment Received: _____ Release Signed: Y N

Received By: _____ Date Processed: _____ Processed By: _____

**IN SIGNING THIS FORM BELOW, PARENTS/GUARDIANS AGREE TO,
UNDERSTAND AND ACCEPT THE FOLLOWING:**

- I understand that my child may not attend the program until Dalby Farm receives all of the properly completed forms and any and all outstanding payments.
- I understand that the Program Director reserves the right to dismiss a participant if, in her judgment, the participant's behavior interferes with the rights or safety of others, or the smooth functioning of a group or activity, or violates the program's principles of conduct, or if the child has special needs that were not brought to the Program Director's attention at the time of registration.
- Cell phones can be disruptive and take away from the environment that we are attempting to create. Therefore, in order to maximize everyone's 'Experience' while at the farm, Dalby Farm requests that ALL cell phones be left home. If there is a special situation where it is *necessary* for a child to bring one, however, the Program Director should be made aware of the circumstances, so that an appropriate plan can be implemented.
- I authorize Dalby Farm to make, have, use, publish and reproduce photographs, slides and videotapes of my child for Dalby Farm records or public relations purposes.
- I understand that it is my responsibility to bring any special concerns about my child to the Director's attention at the time of Registration.
- I understand that I cannot send my child to Dalby Farm when he/she is ill and should arrive with a mask, which they will be expected to wear at all times.
- I give permission for my child to receive first aid treatment as needed and I authorize them to be taken to a doctor or hospital and treated if I cannot be reached in an emergency.

**PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY
AGREEMENT**

I/We, the undersigned father, mother or guardian (circle or insert legal relationship to child, e.g., "parent," "guardian") of _____ (insert name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary learning programs of Dalby Farm.

I/We also agree to forever RELEASE Dalby Farm of Scituate Mass., their employees, officers, volunteers and any and all claims, actions, rights of actions, and causes of action, damages, costs, loss of services, expenses, compensation, and attorneys' fees that may have arisen in the past, or may arise in the future directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the said Dalby Farm's voluntary learning programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority.

I/we acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I understand that Dalby Farm must comply with all state and local guidelines pertaining to Coronavirus/COVID-19 that apply to its operations. I/we further acknowledge that Dalby Farm has put in place preventative measures intended to reduce the spread of the Coronavirus/COVID-19. I also understand that CDC, state and local recommendations, guidelines and laws, as well as current scientific and medical knowledge, regarding this novel coronavirus are constantly evolving as new facts and research continue to emerge.

I further acknowledge that Dalby Farm cannot guarantee that the participant will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other participants and their families.

I voluntarily seek educational programming provided by Dalby Farm and acknowledge that there may be an increased risk to exposure to the Coronavirus/COVID-19. I acknowledge that the participant must comply with all set procedures to reduce the spread while engaged in activities at Dalby Farm.

I hereby consent to the participant (or caregiver) complying with all of Dalby Farm's safety procedures, which may include temperature checks and answering health questions that relate to symptoms of Coronavirus/COVID-19.

I agree that I will immediately inform Dalby Farm staff in the event that the participant (or anyone living with the participant or me) has been exhibiting any symptoms of Coronavirus/COVID-19 or has been exposed to anyone who has tested positive for Coronavirus/COVID-19, or if the participant has had underlying medical conditions commonly associated with a higher risk of severe illness from Coronavirus/COVID-19.

If any of the foregoing is true, please call or email Dalby Farm before attending any programs. On behalf of myself and my child, I hereby agree to indemnify, defend, and hold harmless Dalby Farm from and against any and all losses from any damage, loss, injury (physical or mental), medical condition or death which may arise out of, relating to or in connection with any purported exposure to, infection with or transmission to a third party of, Coronavirus/COVID-19. I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in Dalby Farm's, of Scituate, voluntary learning program or administration of first aid.

I/We further affirm that I/we have read this Registration Form, Parental Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participation in this program is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in Dalby Farm's learning program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage to my child or I/we may suffer in voluntary Dalby Farm learning programs.

Signature of Parent(s) or Guardian(s): _____ Date: _____

Please PRINT your name & relationship here : _____

Of Student/Participant Name (Printed): _____

Mail to: Dalby Farm, P.O. Box 341, Scituate, MA 02066