FIELD TRIP PARTICIPANT WAIVER

PLEASE READ CAREFULLY — THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

In consideration of my child(ren) being permitted to participate in programs and activities at 4Roots Farm, I agree to the following on behalf of myself and my child(ren):

1. Assumption of Risk. I understand that farm activities are outdoors and hands-on, and involve inherent risks — including uneven terrain, plants, insects, tools, equipment, and farm systems — that can result in injury. I voluntarily assume all such risks on behalf of my child(ren).

2. Animal Interaction. Some programs include contact with farm animals. Animals can be unpredictable, and contact carries a risk of bites, kicks, scratches, or minor illness. My child(ren) will handle or feed animals only under staff supervision and will wash hands afterward. I assume this risk on behalf of my child(ren).

3. Food & Culinary Activities. Some programs include tastings, cooking, or farm-fresh produce that may not be washed to store-bought standards. I am responsible for disclosing, before participation, any food allergies or medical conditions (including but not limited to nuts, dairy, eggs, gluten, shellfish, or soy) using the space below. 4Roots Farm is not liable for reactions arising from undisclosed allergies.

Allergies or medical conditions (write “None” if not applicable): _____

Parent/Guardian initials: _____

4. Release of Liability and Indemnification. I hereby RELEASE, WAIVE, AND DISCHARGE 4Roots Farm, the 4Roots Foundation, and their employees, educators, volunteers, and affiliates from any and all claims, demands, or liabilities arising from my child(ren)'s participation, and I agree to INDEMNIFY AND HOLD HARMLESS the same parties from any claims or costs (including attorneys' fees) arising from that participation — except where caused by their gross negligence or willful misconduct.

5. Photo & Media Release. I grant ☐ / do not grant ☐ (check one) permission for 4Roots Farm to use photos, video, or audio of my child(ren) for educational and promotional purposes, without compensation.

6. Medical Authorization. I authorize 4Roots Farm staff to seek emergency medical care for my child(ren) if needed, and I accept financial responsibility for that care.

7. Code of Conduct. My child(ren) will follow all safety rules and staff instructions. Failure to do so may result in my child(ren) being asked to leave the premises.

8. Governing Law & Severability. This agreement is governed by the laws of the State of Florida, with venue in Orange County, Florida. If any provision is found unenforceable, the remaining provisions remain in full force and effect

I HAVE READ THIS WAIVER, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE. I SIGN IT VOLUNTARILY. This agreement covers my child(ren)'s participation for the field trip noted below.

By signing below, the parties acknowledge that they have read this Agreement, understand its terms, have had the opportunity to ask questions, and agree to be bound by its provisions.

Parent/Guardian Signature (if participant is under 18): _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

Participant Name(s): _____

Date of Field Trip: _____ **School/Group Name:** _____