



NATURE LAB Registration

Parent (Guardian) _____ Email: _____

Address _____ City, State, Zip _____

Home# _____ Work# _____ Cell# _____

Emergency contact name & number (other than parent): _____

Student(s) Name and Age	Class (Date/Title)	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total registration(supply) and class fees paid: _____

Cash _____ Check _____ CC _____

Please detail any specific allergies or medical conditions or special needs of any of the students listed:

It is understood by virtue of being granted access to the farm property, I agree to indemnify and hold harmless Abby's Organic Community Farm, Inc. (AOCF), the employees, volunteers, officers, and directors, successors, heirs and assigns; for any accident or incident that results in any form of personal injury, including death. It is hereby acknowledged that the farm is outdoors and thus subject to extreme temperatures; may require certain strenuous and demanding physical abilities; and that the equipment, tools and material used in and around the farm, by their very nature, are dangerous and require extreme caution. I acknowledge this indemnification and hold harmless agreement shall include myself, any guests/invitee or minor children that may accompany me or attend classes while on the farm property.

I agree and understand that while I am on the property pictures may be taken at any time for use on our website, Facebook page, newsletter, educational productions, etc., and as such I hereby consent for that reproduction to be used for that purpose.

Signature _____ Date _____

Additionally: I expressly give AOCF permission to release my child (children) to the following people as directed:

Name	Phone#	Relationship
_____	_____	_____
_____	_____	_____