



Liability, Medical Treatment and Photo/Video Release Form

I, the undersigned, authorize Woodland Ways staff, on behalf of my child, to obtain medical treatment by licensed physicians and the performance of emergency first aid treatment services relative to injuries or illness arising during participation of a Woodland Ways program by certified emergency and healthcare providers.

I hereby release to Woodland Ways, rights to use any photograph or video with audio, taken of said student while participating in any Woodland Ways program, to be used as deemed by Woodland Ways, including advertising. I represent and warrant that I am over eighteen years of age and a legal guardian of above named student.

I understand that my child will be participating/engaging in activities on a farm as well as in the surrounding woods and fields during the program. My child does not suffer from any medical condition, ailment or other condition which could in any way limit their ability to participate in the activities required by the program. I hereby assume full responsibility for all risks which may be associated with, and all injuries which may occur to them in connection with, their participation in the program. I hereby release and hold harmless Woodland Ways, Mettabee Farm, Ruth Dufault, their agents, and others working or renting land and facilities, for it or on its behalf, from and against any and all claims, liabilities, injuries or accidents including, without limitation, any claims for personal injuries and any claims based on any negligent acts, omissions, or other fault on the part of any of the parties connected with, their participation in the program.

\* \_\_\_\_\_  
Parent/Guardian. Print Name

\* \_\_\_\_\_  
Signature

\_\_\_\_\_ Date