



Environmental Education on the Potomac

Home School Participant Information

Child's Name _____ Date of Birth ___/___/___ Sex M / F

Parent/Guardian(s) _____ Day Phone _____

Email address _____

Emergency Contact _____ Day Phone _____

Physician's Name _____ Phone _____

Health Plan Information _____

Does the child have any food allergies? _____

Does the child have any health concerns (medicine allergies, physical conditions, etc)? _____

Photo Release: I grant permission for my child's name, voice, and photographic likeness to be used by Alice Ferguson Foundation. I understand that my child's likeness may be used in publications and/or other media, whether now known or hereafter existing, controlled by the Alice Ferguson Foundation in perpetuity, and for the use by the Foundation. I will make no monetary or other claim against the Alice Ferguson Foundation for the use of the photograph(s)/video.

Parents Name _____ Parents Signature _____

PARENTS' PERMISSION and WAIVER AGREEMENT

The undersigned, parent of _____, a participant of Hard Bargain Farm Homeschool Program for the school year 2016/2017 does agree with the following.

My child has permission to participate in all activities at Hard Bargain Farm during the Homeschool Program. I further state under oath that there is accident and health insurance coverage for the student that will cover the student while participating in the programs at Hard Bargain Farm, and that I agree to maintain coverage in full force and effect for the duration of the program. I hereby release, the Alice Ferguson Foundation from all liability claims and damages in excess of applicable insurance, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, as a result of the student participating in any program at Hard Bargain Farm. I give permission for my child to receive medical attention prescribed by a duly licensed physician (M.D), or Dentist (D.D.S.) This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Date: _____

Signature of Parent or Guardian: _____