



**CSA Farm and Education Programs
Acknowledgement of Risk Form**

This form must be completed and returned to Elizabeth Herrick, the Education Coordinator, before your child may participate in planned activities.

I hereby grant permission for my child _____ to participate in the education classes/programs held by the Bayard Cutting Arboretum during the current season, and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in farm activities and my child's participation in such activities, and use of equipment related to such activities may result in personal injury. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers. My child is in good health. I understand that he/she may participate in strenuous activity.

I permit the use of photos, films, or videos of him/her taken during the activity for publicity, advertising, and promotion. _____ (initial here)

I understand that my child must come prepared with appropriate farm attire, i.e. close-toed shoes, sunscreensing bug spray already applied, long pants, in order to fully and safely participate in farm centered, hands-on activities. _____ (initial here)

I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY.

Parent/Guardian Name (print) _____

Signature of Parent/Guardian _____ Date: _____

Address: _____

Child's Name: _____ D.O.B. _____

2021 Permission and Allergy/Medical Release Form

Child's Name: _____ D.O.B. _____

Address: _____

Parent/Guardian: _____

Phone: (____) _____

In case of emergency contact _____

Phone: (____) _____

Does your child have a bee allergy? Y / N

Does your child have a food allergy? Y / N

Health Care Provider (name and phone number) treating food/bee allergy:

Do you think your child's food/bee allergy may be life-threatening? _____Y _____N

Did your child's health care provider tell you the food/bee allergy may be life-threatening?

_____Y _____N

History and Current Status:

Check the foods that have caused an allergic reaction:

___ Peanuts

___ Peanut butter or nut butter

___ Peanut or nut oils

___ Fish/shellfish

___ Soy products

___ Tree nuts (walnuts, almonds, pecans, etc.)

___ Eggs

___ Milk

Please list any others: _____

How many times has your child had a reaction? ___ Never ___ Once ___ More than once, explain: _____

If medication of any kind is needed by your child, does he/she carry it with them? _____
Is it self-administered or administered by a parent/guardian? _____

***Educators and volunteers are not responsible for administering medication of any kind when children are under their supervision. Parents must remain with the class if students need assistance with medication.**

Is there any additional information about your child and/or his/her food allergies with which you would like to provide your educator:

It is my understanding that the Bayard Cutting Arboretum Education program will allow its students to touch and taste various, seasonal CSA farm produce after proper hand washing. I have provided all pertinent information about my child and his/her possible food allergies above. I understand that when my child is participating in any class/workshop at the Bayard Cutting Arboretum that I am required to stay on the premise in case of an emergency.

Parent/Guardian: _____

Date: _____

Child's Name: _____

Class date(s): _____



Education Program
P.O. Box 907
440 Montauk Highway
Great River, NY 11739

Volunteers and Program Participants
Assumption of the Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the WHO. COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health officials recommend social distancing and have, in many locations, prohibited the congregation of groups of large numbers.

I understand that the Bayard Cutting Arboretum Education Program has put in place preventative measures to reduce the spread of COVID-19; however it cannot guarantee that I or my dependent will not become infected with COVID-19. Further, entering the facilities of, or participating in these education programs could increase the risk of contracting COVID-19. It is recommended that students wear masks but it is not mandatory.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation of the Bayard Cutting Education Program. I understand and agree that this release includes any claims based on the actions, or omissions of the Bayard Cutting Education program, its directors, officers, employees, educators, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

In addition: As a volunteer, program participant, or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the state mandated regulations, and will abide by the guidelines and continued updates as released by NYS and the CDC.

Name: _____

Date: _____

Signature: _____