



# Cherryvale Art Farm Registration Form

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Camper Name: \_\_\_\_\_ Age at the time of camp: \_\_\_\_\_

Gender (circle one): Female Male Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Parent/Guardian and Emergency Contact are considered authorized to pick up camper. Please add any additional names that you would to be authorized to pick up your child:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any life threatening allergies? (circle one) YES NO

If yes, please explain: \_\_\_\_\_

Does your child have any food allergies? (circle one) YES NO

Please list all foods that cannot be eaten: \_\_\_\_\_

Will your child need to take any prescription medications while attending program? YES NO

If yes, please explain (all medications must be in their original containers and be appropriately labeled. Medications must be received and held by the camp director):  
\_\_\_\_\_

Is there anything else we forgot to ask? \_\_\_\_\_

Photo Release- I grant the staff permission to photograph my child and use the images of my child in promotional materials related to the Cherryvale Art Farm Summer Program including posting on website and social media (circle one): YES NO

Session #	Session Dates	\$ Paid

Make check payable to Cherryvale Art Farm. Send check with this form and signed waiver to: Cynthia Anderson Rothmeier , 4900 Cherryvale Ave. Soquel, CA 95073

You will receive confirmation by E-mail. Any questions? Contact e-mail-  
[Cherryvaleartfarm@gmail.com](mailto:Cherryvaleartfarm@gmail.com)

Check us out on Facebook- Cherryvale Art Farm or on our website at [Cherryvaleartfarm.com](http://Cherryvaleartfarm.com)



Participant's Name \_\_\_\_\_

## Cherryvale Art Farm Program

### Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in Cherryvale Art Farm, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue, Cynthia Anderson Rothmeier or any other staff member from any and all claims including the negligence of Cynthia Anderson Rothmeier and her employees, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Cherryvale Art farm.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor    Date

**Assumption of Risks:** While utmost care has been taken to avoid any injuries while participants are at Cherryvale Art Farm, there are always certain risks that cannot be eliminated or are unforeseen.

I have read the previous paragraphs and I know, understand, and appreciate that there are some risks inherent in participating in any program and that there are unforeseen risks. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Cynthia Anderson Rothmeier HARMLESS from any and all claims, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Cherryvale Art farm and to reimburse them for any such expense incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date