



Cherryvale Art Farm Registration Form 2021

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 peoples' names that you authorize to pick up your child:

Name: _____ Relationship to Camper: _____ Phone _____

Name: _____ Relationship to Camper: _____ Phone _____

Doctor's name and 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 , 4900 Cherryvale Ave. Soquel, CA 95073

You will receive confirmation by E-mail. Any questions? Contact e-mail-
Cherryvaleartfarm@gmail.com

Check us out on Facebook- Cherryvale Art Farm or on our website at 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 or any other staff member from any and all claims including the negligence of Cynthia Anderson 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 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