

Organic Farm Stay Activity Consent Form

Participant Information

Full Name

Date of Birth

Address

Contact Number

Email

Emergency Contact Name

Emergency Contact Number

Medical Information

Relevant Medical Conditions, Allergies, or Dietary Restrictions

Current Medication (if any)

Activities

Please select the activities you will participate in:

☐

Animal Care

☐

Gardening

☐

Harvesting

☐

Cooking

☐

Nature Walks

☐

Other

Consent & Acknowledgement

I acknowledge that participating in farm activities may involve certain risks, including but not limited to physical injury and exposure to animals or equipment. I understand and accept these risks and agree to follow all safety instructions provided.

☐

I have read and understood the above statement and voluntarily give my consent to participate.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date