

Permaculture Farm Internship Consent Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Contact Name

Contact Phone

Relationship

Consent and agreement

I hereby consent to participate in the Permaculture Farm Internship. I understand the nature of the activities involved and acknowledge potential risks. I agree to abide by all farm safety and conduct guidelines.

Signature

Date

Additional Information

Medical Conditions or Allergies

Other Notes