



2019 Whispering Pines Farm Volunteer Release and Waiver of Liability Contact Information

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency contact: _____ Phone: _____

Relationship to volunteer: _____

Event(s) Volunteer would like to participate in:

- Spring Perennial Plant Sale / April 27 – 8 A.M. – 4 P.M.
- Festival in the Woods / **Circle either or both** - June 15 – 10 A.M. – 5 P.M. & June 16 – 11 A.M. – 5 A.M.
- Christmas in July / July 20– 11 A.M. – 10 P.M.
- Festival in the Woods / **Circle either or both** – Sept. 21 – 10 A.M. – 5 P.M. & Sept. 22 – 11 A.M. – 5 A.M.
- The Wurst Oktoberfest / Oct. 19– 11 A.M. – 10 P.M.

By signing this waiver I do hereby represent that:

1. I am 18 years of age or older or if I am under the age of 18 I have a guardian's signature below.
2. I recognize and appreciate any dangers and risks inherent in volunteering for Whispering Pines Farm's events.
3. I am submitting this release and waiver of liability declaration voluntarily and of my own free will.
4. I hold harmless and agree to indemnify the Whispering Pines Farm LLC, its officers, directors, staff, and volunteers from all claims, liability, and damages I may sustain from any bodily injury, personal injury or property damage which may occur from any cause before, during or after any Whispering Pines Farm LLC's event in which I participate as a volunteer.
5. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Signature

Print Name

Date

Signature of Parent or Legal Guardian (if volunteer is under age 18):

Print name of Parent or Guardian Signature

Date