DATE:





I understand that all activities are voluntary and that my child(ren) does not have to participate unless I choose to allow him/her to do so. I understand that by my consent to allow my child(ren) to participate, I voluntarily accept and assume the risk of injury to my child(ren) or damage to my child(ren)'s property.

I understand that WGR, LLC. does not provide any insurance coverage for my child(ren)'s property. I understand that I am responsible for my child(ren)'s safety, his/her health care needs, and the protection of his/her property.

In exchange for allowing my child(ren) to participate in the activities of the event, I agree to release from liability, agree to indemnify and hold harmless WGR, LLC. and any WGR, LLC. agent, acting within the scope of their duties, for any injuries that may occur to my child(ren) or my child(ren)'s property.

This release shall also certify that I am the parent or legal guardian of this child(ren). This release shall be binding on myself, successors in interest, or any person or persons who would attempt to sue on my behalf.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ, UNDERSTAND, AND AGREE WITH ALL OF THE STATEMENTS AND TERMS IN THIS DOCUMENT. I UNDERSTAND THAT THIS DOCUMENT IS COMPLETE UNTO ITSELF AND THAT ANY ORAL PROMISES OR REPRESENTATIONS MADE TO ME CONCERNING THIS DOCUMENT AND/OR THE TERMS CONTAINED HEREIN ARE NOT BINDING UPON WGR, LLC. OR THE AGENTS OF WGR, LLC. I EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ALL THE MEANINGS CONTAINED HEREIN.

In addition to the above, I have read and agree to abide by the Event Rules and the Health Policy as listed on the Fertile Ground Gathering website: <a href="https://www.fertilegroundgathering.com/rules">https://www.fertilegroundgathering.com/rules</a> <a href="https://www.fertilegroundgathering.com/rules</a> <a href="https://www.fertilegroundgathering.com/rules</a> <a href="http

Your initials:	
CHILD'S LEGAL NAME (please print)	
CHILD'S LEGAL NAME (please print)	
CHILD'S LEGAL NAME (please print)	
PARENT/GUARDIAN LEGAL NAME (please print)	
PARENT/GUARDIAN LEGAL NAME (signature)	
ADDRESS:	
PHONE:	
EMAIL:	

In case of emergency situations, please detail any special needs, food allergies, or medical condition (asthma, diabetes, etc.), which may require immediate action below: