MISFIT FARM
& SANCTUARY, INC.
COMPASSION • CONNECTION • MENTAL WELLNESS
A safe place to heal. A place to belong.

BIRTHDAY PARTY LIABILITY WAIVER & CONSENT FORM

Please read carefully and complete all sections before your event.

PARTICIPANT INFORMATION

Name of Birthday Child / Guest of Honor: _____ **Date of Birth:** _____

Date of Party: _____ **Start Time:** _____

End Time: _____ **Estimated Number of Guests:** _____

Name of Responsible Adult (Host): _____ **Relationship to Birthday Child:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

ASSUMPTION OF RISK

I understand that participating in a farm birthday party event at Misfit Farm & Sanctuary, Inc. involves interaction with live animals including goats, sheep, mini horses, donkeys, emus, ducks, geese, and chickens. Animal behavior is unpredictable and carries inherent risks including bites, kicks, scratches, allergic reactions, and falls. I voluntarily assume all risks associated with attendance at this event.

RELEASE OF LIABILITY

In consideration of being permitted to participate in this event, I, on behalf of myself and all minor guests in my care, hereby release, waive, and discharge Misfit Farm & Sanctuary, Inc., its officers, directors, employees, volunteers, and agents from any and all liability, claims, or causes of action arising from any loss, damage, or injury sustained while on the premises or participating in activities.

RULES & GUIDELINES

I agree to ensure all guests comply with the following:

- ■ Adult supervision of all children at all times
- ■ No chasing or startling animals
- ■ Follow all staff instructions immediately
- ■ No feeding animals without staff approval
- ■ No climbing on fences or enclosures
- ■ Guests with allergies assume full risk

PHOTO & MEDIA RELEASE

I grant Misfit Farm & Sanctuary, Inc. permission to photograph and/or video participants at this event for use in promotional materials, social media, and website content.

- ■ ■ I CONSENT to photo/video use
- ■ ■ I DO NOT consent to photo/video use

MEDICAL AUTHORIZATION

In the event of a medical emergency and I cannot be reached, I authorize staff to seek emergency medical treatment. I accept full financial responsibility for any such treatment.

Known Allergies or Medical Conditions:

_____ _____

SIGNATURES

Signature of Responsible Adult Host _____ Date: _____

Printed Name of Responsible Adult Host _____ Date: _____