MINOR / CHILD PARTICIPANT CONSENT FORM

Must be completed by a parent or legal guardian for all participants under 18 years of age.

CHILD'S INFORMATION

Child's Full Name: _____ **Date of Birth:** _____

Age: _____ **Gender:** _____

Medical Conditions / Allergies: _____

Current Medications (if any): _____

PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian Full Name: _____ **Relationship to Child:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Primary Phone: _____ **Secondary Phone:** _____ **Email Address:** _____

EMERGENCY CONTACT

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

CONSENT FOR PARTICIPATION

I, the undersigned parent or legal guardian, hereby grant permission for the above-named child to participate in programs, events, and activities at Misfit Farm & Sanctuary, Inc., including farm visits, animal interactions, goat yoga, birthday parties, youth programs, and farm-assisted therapeutic activities. I confirm my child is in good physical health and capable of participating.

RELEASE OF LIABILITY

I voluntarily assume all risks of injury or illness associated with my child's participation at Misfit Farm & Sanctuary, Inc. and hereby release, waive, and discharge Misfit Farm & Sanctuary, Inc., its officers, directors, staff, and volunteers from any and all liability, claims, or causes of action arising from my child's participation.

MEDICAL AUTHORIZATION

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

Primary Care Physician: _____ **Physician Phone:** _____

Insurance Provider: _____ **Policy Number:** _____

PHOTO & MEDIA RELEASE

I grant Misfit Farm & Sanctuary, Inc. permission to photograph and/or video my child for promotional, educational, and social media use.

■ ■ I CONSENT to photo/video use of my child ■ ■ I DO NOT consent

AUTHORIZED PICKUP

List all individuals authorized to pick up your child (other than parent/guardian listed above):

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

SIGNATURES

Signature of Parent / Legal Guardian _____ Date: _____

Printed Name of Parent / Legal Guardian _____ Date: _____