



referred by: \_\_\_\_\_

SonRidge Farm ♦ 246 Wright Rd ♦ Kings Mountain, NC 28086 ♦ 704-734-0809

## Registration and Liability Release 2019

**The Event:** SonRidge Farm Day Camp in Kings Mountain, NC

**Camp Type:** \_\_\_\_\_ **Farm Life 101 (cost \$250/wk)** \_\_\_\_\_ **mini Farm Camp (cost \$100/ 3-day wk)**  
\_\_\_\_\_ **Horse Camp (cost \$115/ 2-day wk)**

**Camp Name & Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Contact Phone Numbers:** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Alternate Emergency Contact Information:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Contact Phone Numbers:** Home \_\_\_\_\_ Mobile \_\_\_\_\_

In consideration of the child's right to participate in the Event, I agree as follows:

1. I authorize the Child to participate in the Event.

2. **I acknowledge that the Child's participation in the Event involves risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, death, property damage and other harm connected with the Child's participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to the Child's illness or injury in connection with the event.

3. **I acknowledge that the camp may involve strenuous and hazardous physical activities** depending on the tour selected and I certify that the Child is in excellent physical health and has no physical limitations that would prevent the child from participating in the camp. If there are limitations (including any allergies) they are listed below. I understand that where possible accommodations will be made to allow a child with limitations to participate. I grant permission to the Farm Parties (defined below) to provide the Child with first aid and obtain and to seek professional emergency care if needed.

**Limitations & Allergies** \_\_\_\_\_

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I understand that foods which are made as part of camp may be sampled by child. I am listing any food restrictions and I understand that I am responsible to instruct my child as to any foods to avoid.

**Food Restrictions** \_\_\_\_\_

4. I hereby indemnify, hold harmless and release the Stumbo Family, SonRidge Farm LLC, and each of their respective affiliates, officers, directors, employees, agents or representatives ("Farm Parties"), in addition to NC 4-H and all NC counties 4-H program and their affiliates, for and from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys' fees that arise out of or in connection with any personal injury, property damage, and/or other loss suffered by the Child in connection with the Child's participation in the Event.

5. Under NC state law an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.  
*Chapter 99E of the NC General Statutes*

Under NC state law, there is no liability for an injury to, or death of, a participant in an activity conducted at this location if such injury or death results from the inherent risk of activity. Inherent risks include, among others, risk of injury inherent to the land, equipment, and animals as well as the potential for you to act in a negligent manner that may contribute to injury or death.  
*Chapter 99E-32 of the NC General Statutes*

6. A convenient Hand-Washing Station will be provided with soap and water. An announcement will be made to the group as to the location. I understand that I assume all responsibility for my child following the instructions to wash their hands thoroughly at said hand-washing station. It is not the responsibility of SonRidge Farm to see that my child washes their hands.

7. I authorize the Farm Parties to take videotapes and photographs of the Child and to record the child's voice, conversation and other sounds during and in connection with the camp. I acknowledge that the Farm Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me or the Child. I authorize the Farm Parties to use the Child's name, voice, likeness, and any biographical facts provided to the Farm Parties in advertising and promoting the camp or any 4-H related project without further compensation.

8. I certify that I am the parent or legal guardian of the Child.

9. I acknowledge that camp payment is NON-refundable.

10. I acknowledge that I have read both sides of this Release in its entirety, fully understand its contents, and have signed below of my own free will.

SIGN NAME: \_\_\_\_\_ Date \_\_\_\_\_  
*Parent or Guardian*

PRINT NAME: \_\_\_\_\_