



# LILLY DEN FARM

*Homeschool Farm Application*

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## **2017-2018 FARMING THROUGH THE SEASONS**

Thank you for joining us on our Farming Through The Seasons where the day is a pack with fun and learning! Please read all of the information below, which will describe the day camp experience. Also, please be sure to include all the requested information on the attached registration form starting on page two. Submit your completed application via our website contact form: [lillydenfarm.com/contact/](http://lillydenfarm.com/contact/)

Farming Through The Seasons will be October – May, every second Sunday from 9:00am – 3:00pm

Dates:

Oct 8

Nov 12

Dec 10

January 7

February 11

March 11

April 8

May 13

The day is filled with learning about and participating in life on a farm, creating new friendships, both furry and human alike, and cultivating a love for the outdoors and organic living. We typically start each day with morning farm chores, feeding the animals, collecting eggs, and milking cows. Afternoon lunches are either in the wood, under a tree, or inside the barn next to the fans. Campers will create a farm associated traditional craft. Gardening and farm-to-table treats are a must while working and living on a farm, and we fully intend on eating what we create!

**Camp Hours:** 9:00am – 3:00pm

Drop-off/Pick-up in back by swing set.

For children between the ages of 8-14.

All 8 Classes . . . . . \$300 per first child, \$100 each additional sibling

Monthly Drop-In . . . . . \$50 per class, per child

Farming Through The Seasons requires a non-refundable deposit.

Payment plans are optional. Sorry, no scholarship funds are available.

**PARTICIPANT INFORMATION:**

Camper Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need to take medication while at camp? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** All medications must be in their original/labeled containers; please do not give camper's medication to them to bring to camp; medications must be received and held by the Camp Director.

Does your child have any medical, physical, or emotional conditions (including disabilities)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide information to assist us in providing the best camp experience for your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we serve your child food and beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

May we post pictures of your child on social media taken at Farming Through The Seasons?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT, AND INDEMNITY AGREEMENT. READ CAREFULLY AND SIGN BELOW.**

In consideration of myself and/or my minor child being permitted to participate in caring for farm animals, milking cows and other tasks associated on the farm in the camp programs and activities (hereinafter, ACTIVITIES) sponsored and/or conducted by Lilly Den Farm, LLC, and its officers, managers, employees, independent contractors and agents, specifically including but not limited to Mackenzie E. Withington and W. Tucker Withington (hereinafter, the RELEASED PARTIES), I agree as follows:

1. I understand that participation in the ACTIVITY is voluntary and optional, and that we are free to leave and/or not participate in the ACTIVITIES. I know the nature of the ACTIVITIES and our experience and capabilities, and believe us to be qualified to participate in the ACTIVITIES. I acknowledge Mackenzie Withington reserves the right to remove participants from the ACTIVITIES if they present a threat to any child, employee, volunteer, or animal.
2. I FULLY UNDERSTAND that: (a) THE ACTIVITIES MAY BE DANGEROUS and participation in the ACTIVITIES may involve RISKS AND DANGERS OF SMALL TO SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH; (b) these risks may be caused by our own actions or inactions, the actions or inactions of others participating in the ACTIVITIES, the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE RELEASED PARTIES in performing their duties; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; and (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE OUR FUTURE.
3. I consent to the participation in the ACTIVITIES and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING ANY INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES IN PERFORMING THEIR DUTIES. The failure of any of the RELEASED PARTIES to foresee or protect me from these risks, or from the actions, inactions, recklessness, or intentional or criminal misconduct of others, from the inadequacy or unavailability of medical facilities or treatment, or from inadequate supervision of the ACTIVITIES, if any, will not create any liability on the part of any of the RELEASED PARTIES.
4. During the time we are participating in the ACTIVITIES, if any emergency arises involving the physical wellbeing of Minor, I hereby give RELEASED PARTIES full permission and authority to take such steps as are reasonably necessary to assist Minor, including without limitation the authority to secure and consent to such medical treatment as may, in their sole discretion, be advisable. I authorize any and all third parties to rely on this agreement as evidence of the authority of its bearer to procure and consent to medical treatment for Minor.
5. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the RELEASED PARTIES and owners and lessors of the premises used to conduct the ACTIVITIES FROM ALL LIABILITY TO ME, THE MINOR, my and the Minor's personal representatives, assigns, heirs, and next of kin, FOR

ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES in performing their duties or with the decision by any of the RELEASED PARTIES to exercise the power to consent to medical or dental treatment for me, as such power is hereby granted and authorized.

6. If, despite, this release, I, the Minor or anyone on the Minor's behalf makes a claim against any of the RELEASED PARTIES named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASED PARTIES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE RELEASED PARTIES, WHETHER OR NOT SUCH CLAIM ASSERTS NEGLIGENCE ON THE PART OF THE RELEASED PARTIES in performing their duties.
7. I sign this agreement on my own behalf and on behalf of the Minor.
8. I hereby grant permission to Lilly Den Farm to take his/her/my/our photo while participating in the ACTIVITIES to use for publicity.
9. I understand that this Release is given pursuant to the Uniform Contribution Among Tort- Feasors Act, North Carolina General Statutes Section 1B-1 et seq. It is my intention to release any and all claims against the RELEASED PARTIES and to relieve and discharge the RELEASED PARTIES from any and all liability for contribution to any other tort-feasor on account of any claim. I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this agreement.
10. I agree that if any clause or provision of this agreement is determined or held to be invalid, the invalidity of such clause or provision shall not affect the remaining provisions of this Release and that the remaining terms and conditions of this agreement shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OR INJURY, EVEN IF OCCASIONED BY THE RELEASED PARTIES' FAULT, AND SIGN IT FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT OR DURESS

**WARNING:**

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury or death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

Signature of Adult/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Minor Participant Name(s): \_\_\_\_\_

\_\_\_\_\_