AGAPE FARM & RANCH

This release encompasses all Megaro properties located at 500, 502, & 506 Townsbury Road, Great Meadows N.J. (hereinafter referred to as Agape Farm & Ranch)

LIABILITY RELEASE & PERMISSION FORM

I, _____, being an adult (18 years or older) or the parent/legal guardian of _____*(name of minor),* do hereby release Agape Farm & Ranch, its owners, employees, and volunteer assistants from any liability whatsoever arising out of injury, sickness, damage, or death which may be sustained by myself or the above minor during any activity, function, or the like that takes place at Agape Farm & Ranch. I understand the inherent danger of farm implements, the unpredictability of animals, the risks of such equipment as ziplines and inflatables, and I will assume any and all risk or liability from participating in these activities. I also assume all risk in the consumption of any food or beverages offered, including any illness, injury, or death that may result. I understand that accidents do occur and agree to release Agape Farm & Ranch from all liability.

MEDICAL RELEASE

I also give my consent for an owner or staff member of Agape Farm & Ranch to secure the administration of necessary medical treatment or medication for the above named individual, and do further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary for myself or the above named minor while at any activity, function, or the like taking place at Agape Farm & Ranch*.* I have informed Agape Farm & Ranch of all prescribed or over-the-counter medications that I or my minor are currently taking, all restrictions on medical treatment to be provided, all allergies to foods or medications, and any special medical requirements by listing them on the reverse side of this form.

On the reverse side of this form, please fill out all medical information completely.

MAIN EMERGENCY CONTACT

NAME_____**RELATIONSHIP**_____**PHONE**_____

ALTERNATE EMERGENCY CONTACT

In case of emergency and we are unable to reach the main emergency contact, who would you like us to attempt to reach?

NAME_____**RELATIONSHIP**_____**PHONE**_____

By signing below, I affirm that I totally agree to all of the above statements and that all of the information provided on the reverse of this form is complete, accurate and true to the best of my knowledge.

_____   _____
Signature (or signature of parent or legal guardian   *Date*
*   in case of a minor)*

MEDICAL INFORMATION

DATE OF BIRTH _____ (*Month / Day / Year*)

ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOU OR YOUR MINOR BECAUSE OF DANGEROUS REACTIONS:

ANY MEDICAL CONDITIONS THAT YOU OR YOUR MINOR MAY HAVE:

ANY MEDICATIONS BEING CURRENTLY TAKEN BY YOU OR YOUR MINOR:

ANY ALLERGY YOU OR YOUR MINOR MAY HAVE:

ANY PHYSICAL LIMITATIONS OR DISABILITIES THAT COULD POTENTIALLY AFFECT YOU OR YOUR MINOR DURING ACTIVITIES:

MEDICAL INSURANCE INFORMATION

  COMPANY NAME: _____

  POLICY NUMBER: _____

  MEMBER'S NAME: _____