

# Acta Non Verba: Youth Urban Farm Projects' Individual Waiver for Participants in Acta Non Verba: Youth Urban Farm Projects' (ANV) Educational Activities

I am participating in a on-site class, field trip, and/or other activities taking place at Acta Non Verba: Youth Urban Farm Project's Tassafaronga farm site in Tassafaronga Park. I understand that my participation may involve physical activities and potential risks of injury to person or property. Knowing this, I accept and assume the risks associated with my participation in any and all activities associated with ANV.

I release all liability and responsibility from and will not take action against Acta Non Verba: Youth Urban Farm Project, The City of Oakland Parks and Recreation or any of its directors, officers, agents, employees, affiliates, partners or successors because of any accident, injury, property damage, expenses, losses or damages which I might experience due to my participation in these activities.

In case of emergency, accident, or illness, I give permission to be treated by a professional medical person and be admitted to a hospital, if necessary. I agree to be responsible for all of my medical expenses.

I give permission to Acta Non Verba: Youth Urban Farm Project and its partners to use my name, picture, writings, and audiotape or videotape recordings taken during the activity for publicity purposes without compensation. I understand that the information I fill out below will not be shared with outside organizations.

By signing below, I confirm that I have read the above statement, I understand it and I fully accept its terms. (If there are terms you do not accept, alter them to your approval and sign below):

## PLEASE PRINT

(Must be complete in order to participate)

Participants' Name \_\_\_\_\_ Group Name (if applicable) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth (if under age 18) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Allergies or special needs \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature of parent/guardian is required if participant is less than 18 years old)

Print parent/guardian name (if participant is less than 18 years old) \_\_\_\_\_