

WINDY ACRES FARM LLC  
**PERMISSION SLIP / HOLD HARMLESS AGREEMENT**

The undersigned, \_\_\_\_\_  
Print Name of Parent or Guardian

give my Consent for \_\_\_\_\_  
Print Name of Child

to attend **WINDY ACRES FARM'S** event/program/activity (herein collectively "event").

**EVENT:** \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

I understand the nature of the event and do hereby release **WINDY ACRES FARM, WINDY ACRES FARM LLC AND ITS STAFF AND REPRESENTATIVES** from any liability due to accident or injury incurred by my child.

Further, if he/she is injured while attending an event requiring the attention of a physician, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician. I agree to hold the licensed physician, the medical facility, and **WINDY ACRES FARM, WINDY ACRES FARM LLC AND THEIR STAFF AND REPRESENTATIVES** free and harmless of any claims, demands or suits for damages arising for the authorization and provision of such medical treatment.

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- ❖ I acknowledge and give permission that images of my child may be chosen for display at **WINDY ACRES FARM** events or via social media for promotion of **WINDY ACRES FARM'S** events/programs/activities. I understand the picture policy, knowing that **WINDY ACRES FARM** will not post my child's name and will only select pictures with two or more people.
  - ❖ Please strike this paragraph if you do not agree to the terms,

\_\_\_\_\_  
Signature of Parent or Guardian

Dated: \_\_\_\_\_

**STUDENT INFORMATION (Please Print):**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Student Cell Phone:** \_\_\_\_\_

**Parent Cell Phone:** \_\_\_\_\_ **Parent's Email** \_\_\_\_\_