

Town of New Hartford  
530 Main Street – P.O. BOX 316  
New Hartford, CT 06057  
860-379-3389

**Waiver for Participation in OPEN FARM DAY  
Enrollment form and Release of Liability**

I (name) \_\_\_\_\_ of(full address) \_\_\_\_\_

understand that there are inherent risks involved in my attendance at OPEN FARM DAY sponsored by the Town Of New Hartford Economic Development Commission on Saturday, September 14, 2019. This event includes on -site visits to various privately owned farms located within New Hartford. I acknowledge that there may be risks involved in my participation including the risk of serious physical injury or death and I fully assume all risks associated with my participation , even if due to the negligence of the Town of New Hartford/Economic Development Commission and their agents, servants or employees, including but not limited to: traversing on uneven surfaces, such as grass, hills, walkways, paths, fields, steps and climbing onto farm equipment such as haywagons/tractors. I also acknowledge that food products consumed are at my own risk and exposure to animals such as horses, cows, cats, dogs, chickens and goats may be part of the Farm experience.

I, for myself and for my heirs, assignees, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of New Hartford/Economic Development Commission /and their agents, servants or employees from any and all claims, suits or demands by anyone arising from my voluntary participation in this program. I also acknowledge that Medical Payments for injuries is not offered though the Town of New Hartford's insurance provider nor the individual farms that I may visit and any expenses related to any injuries incurred are the responsibility of the participant.

*I have read this waiver, hold harmless agreement and release of liability and fully understand its terms. I further understand that by signing this agreement that I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise of representation, and sign it voluntarily and of my own free will.*

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<b>Participant Signature/ Participant's Printed Name/Date</b>	<b>Contact Phone Number</b>
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CONSENT OF PARENT OR GUARDIAN (for those participants under the age of 18 List names and ages of children on back)  
This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of New Hartford/Economic Development Commission from any and all claims, suits or demands by anyone arising from said participant's voluntary participation in OPEN FARM DAY including claims of negligence on the part of the Town of New Hartford/Economic Development Commission and their agents, servants or employees. I fully acknowledge that all claims and expenses for any injury that may arise as a result of participating in this voluntary program are not the responsibility of the Town but are the responsibility of the participant.

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Parent/Guardian Signature	Date
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