



GRANOR FARM CAMP HEALTH RELEASE AND WAIVER

THIS RELEASE AND WAIVER is made and entered into on the date written below, by the undersigned parent or guardian ("Parent") and on behalf of the child or children identified below (whether one or more "Camper") to and in favor of Granor Farm LLC and 3480WW LLC (collectively, "Farmer"). Parent and Camper are collectively referred to as "Guest".

Parent hereby gives permission to Camper to participate in all the activities offered while at Granor Farm located at 3480 Warren Woods Road in Three Oaks, Michigan (the "Farm"). These activities include, but are not limited to: visiting the greenhouses and barns; touching, grooming, and otherwise handling farm animals and pets; using kitchen appliances and tools to prepare foods; planting, harvesting and cleaning vegetables, flowers and fruits and preparing fields for same; transportation on a pickup truck, other farm vehicle and tractor wagon; using hand tools and gardening tools; and, such other activities related to the operation of the Farm (collectively, "Activities"). Farmer is not responsible for weather related incidents. Parent and Camper should be prepared and dressed appropriately.

In the event of an accident or emergency, when Parent is unavailable, Parent hereby authorizes Laura Piskor, Elizabeth Cicchelli or Abra Berens to make arrangements for Camper to receive medical treatment from a licensed nurse, physician or surgeon as circumstances require, including hospitalization and such other treatment as may be necessary.

This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Full Name of Camper(s)

Date(s) of Birth

OFFICIAL AUTHORIZATION FOLLOWS

I (parent or legal guardian), _____, recognize that while
Print Parent/Guardian Name

attending this program medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian and Date

Best Phone Number to reach parent/guardian during camp hours:

IN CONSIDERATION OF GUEST'S TEMPORARY ACCESS TO THE FARM, THE RECEIPT AND SUFFICIENCY OF WHICH ARE HEREBY ACKNOWLEDGED, GUEST DOES HEREBY FOREVER RELEASE AND DISCHARGE FARMER AND THEIR RESPECTIVE MEMBERS, MANAGERS, SUCCESSORS, ASSIGNS, AGENTS AND EMPLOYEES, OF AND FROM, AND WAIVE, ANY AND ALL OBLIGATIONS, CLAIMS, DEMANDS, COVENANTS, CONTRACTS, PROMISES, AGREEMENTS, LIABILITIES, COSTS, ACTIONS OR CAUSES OF ACTION WHATSOEVER, WHETHER KNOWN OR UNKNOWN, WHICH GUEST HAD, HAS, CLAIMS TO HAVE HAD, OR MAY LATER HAVE AGAINST SUCH PERSONS AND ENTITIES, ACCRUING OR ARISING OUT OF, PURSUANT TO OR RELATED TO THE OPERATION OF, GUEST'S ACCESS TO AND ACTIVITIES ON THE FARM, WHETHER ARISING BEFORE OR AFTER THE DATE HEREOF, AND ANY AND ALL CORRESPONDENCE, REPRESENTATIONS, CERTIFICATIONS, WARRANTIES, PROMISES OR ACTS MADE IN RELIANCE OF ANY ONE OR MORE OF SAME, WHETHER ORAL OR WRITTEN. GUEST ACKNOWLEDGES THAT GUEST IS NOT AN EMPLOYEE OF FARMER FOR ANY REASON.