



EST. 2021

Hidden Bee Farm

RELEASE LIABILITY FORM

www.hiddenbeefarm.org -
753 Carters Creek Pike Columbia, TN 38401
931 674-1790

This is a legally binding agreement. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your participation in the Activities at Hidden Bee Farm Summer Camp. Now or at any time in the future.

HIDDEN BEE FARM SUMMER CAMP: RELEASE OF LIABILITY FORM

This is a legally binding agreement. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your participation in the Activities at Hidden Bee Farm Summer Camp. Now or at any time in the future.

1. ACKNOWLEDGEMENT - SAFETY

I, the undersigned, acknowledge and understand that activities at Hidden Bee Farm Summer Camp involve certain risks and dangers. These may include, but are not limited to, the risk of accidents, personal and bodily injury, and property loss or damage. I acknowledge that I have been advised to consult with a physician prior to my child's participation in any physical activities.

2. ASSUMPTION OF RISK

I, the undersigned, hereby freely assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, during all the time of my participation in the Activities, and any other activities incidental to my participation in the Activities.

3. RELEASE AND WAIVER OF CLAIMS AGREEMENT

I hereby agree as follows:

a) TO WAIVE ANY AND ALL CLAIMS that I have or may have against Hidden Bee Farm and its directors, officers, employees, agents, and representatives (all of whom are hereinafter collectively referred to as "the Releasees");

b) TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury, or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Activities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care on the part of the Releasees.

4. INDEMNIFICATION

I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Activities.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees.

5. AGREEMENT

By signing this document, I acknowledge that I have read and understood this Release of Liability and that I am aware of the legal consequences of signing this document, including the possibility of giving up certain legal rights.

6. GOVERNING LAW

This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the state and no other jurisdiction.

I hereby confirm that I have read and understood this Release of Liability prior to signing it, and I am aware that by signing this Release of Liability, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.



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I, _____, the undersigned, am the parent or legal guardian of _____, who is a participant in activities conducted by **Hidden Bee Farm**. I am fully aware that participation in these activities, which include interaction with farm animals, art projects, science experiments, and outdoor activities, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

The specific risks vary from one activity to another, but risks include, but are not limited to:

- 1. Minor injuries such as scratches, bruises, and sprains.**
- 2. Major injuries such as joint or bone injuries, concussions, and eye injuries.**
- 3. Catastrophic injuries including paralysis and death.**
- 4. Allergic reactions and other health-related issues due to exposure to plant or animal allergens.**
- 5. Damage to clothing or personal belongings.**
- 6. Risks associated with sun exposure and hot weather including sunburn, dehydration, and heat stroke.**

I fully understand, appreciate, and voluntarily assume these risks on behalf of my child. I assert that my child's participation is voluntary and that I have knowingly assumed all risks. In consideration of my child's participation in the Hidden Bee Farm activities, I, for myself and my child, release and forever discharge Hidden Bee Farm, its agents, employees, representatives, and all others acting on its behalf from any and all claims, actions, damages, liabilities, costs or expenses, including attorney fees and court costs, arising out of or relating to my child's participation in the activities conducted by Hidden Bee Farm.

I agree that this release includes the assumption of risk, release, and waiver described herein is intended to be as broad and inclusive as permitted by the laws of the state of Tennessee.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

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contact@hiddenbeefarm.org

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PHOTO RELEASE FORM

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I hereby grant Hidden Bee Farm the unrestricted right to use and publish photographs of my child, or in which my child may be included, for editorial, trade, advertising, and any other purpose, in any manner or medium.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: ____/____/____

I hereby authorize Hidden Bee Farm to publish photos taken of me during _____ on _____ for the company's online and print marketing materials.

I am aware that this form releases the company from any liabilities or claims.

I fully understand the terms and conditions under this agreement.

(CHILD'S) FULL NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

Signature over printed name

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PARTICIPANT INFORMATION FORM

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To ensure the safety and well-being of your child, we request you to provide us with the following details. This information will be kept confidential and will only be used to support your child's participation in the camp.

1. PARTICIPANT'S DETAILS

Full Name of Child: _____

Date of Birth (MM/DD/YYYY): _____

Current Grade Level: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

2. PARENT/GUARDIAN CONTACT DETAILS

Full Name: _____

Relationship to Child: _____

Contact Number (Primary): _____

Contact Number (Secondary): _____

Email Address: _____

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3. EMERGENCY CONTACT

(Other than Parent/Guardian)

Full Name: _____

Relationship to Child: _____

Contact Number: _____

4. MEDICAL INFORMATION

Child's Doctor Name: _____

Doctor's Contact Number: _____

Health Insurance Provider: _____

Policy Number: _____

Does your child have any known allergies? Yes/No (circle one)

If yes, please provide details: _____

Does your child require any special assistance or have any special needs? Yes/No (circle one)

If yes, please provide details: _____

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Is there any other important information we should be aware of to ensure your child's safety and well-being during their time at camp? Yes/No (circle one)

If yes, please provide details: _____

Please note: Hidden Bee Farm staff are unable to administer medication or assist in lavatory needs. If your child requires special assistance, please arrange for a dedicated aide to accompany them to the camp.

Parent/Guardian Signature: _____ Date: _____

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REGISTRATION FORM

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Parent's/Guardian's Information Full Name: _____ Contact Number: _____

_____ Email Address: _____

Child's Information Full Name: _____ Age: _____

Class Selection

Please indicate below the number and schedule of the classes your child will be attending at Hidden Bee Farm. If your child will be attending more than one class, please fill in the details for each one.

Class 1 Title of Class: _____ Preferred Date:

_____ (DD/MM/YYYY) Preferred Time:

_____ (AM/PM)

Class 2 Title of Class: _____ Preferred Date:

_____ (DD/MM/YYYY) Preferred Time:

_____ (AM/PM)

Class 3 Title of Class: _____ Preferred Date:

_____ (DD/MM/YYYY) Preferred Time:

_____ (AM/PM)

Class 4 Title of Class: _____ Preferred Date:

_____ (DD/MM/YYYY) Preferred Time:

_____ (AM/PM)

Class 5 Title of Class: _____ Preferred Date:

_____ (DD/MM/YYYY) Preferred Time:

_____ (AM/PM)

Class 6 Title of Class: _____ Preferred Date:

_____ (DD/MM/YYYY) Preferred Time:

_____ (AM/PM)

Please add additional classes as necessary.

Other Information:

Please specify if there are any special needs or requirements your child has that we should be aware of:

Consent I hereby give my consent for my child to participate in the selected classes at Hidden Bee Farm. I understand that the class dates and times are subject to availability and will be confirmed by the Hidden Bee Learning team.

Signature: _____ Date: _____

Thank you for choosing Hidden Bee Learning! We look forward to welcoming your child to our classes. Submit this form Please return the completed form, by email at contact@hiddenbeefarm.org,

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