



VISITOR WAIVER

Visitor Name: _____

Visitor/Guardian Email Address: _____

Visitor/Guardian Phone Number: _____

Visitor/Guardian Address: _____

Check here if Visitor is under age 18 and provide (if different from above):

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Email Address: _____

Emergency Contact (if different from above):

Name: _____

Relationship to Visitor: _____

Phone Number: _____

Please list any allergies or other relevant medical information:

VISITORS TO THE FARM MUST COMPLETE THE ATTACHED WAIVER AND RELEASE

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VISITOR IS UNDER THE AGE 18

WAIVER AND RELEASE OF LIABILITY
Please read carefully. This is a legal document.

The undersigned individual (hereafter referred to using "I", "me", "my", "myself", or "Visitor") wishes to visit Shalom Farms, Inc., a nonprofit organization ("Shalom Farms"). Visitor (and Parent/Legal Guardian) understands that visiting Shalom Farms may include performing physical labor, handling food products, working with various tools and equipment, planting and harvesting crops, weeding or preparing the fields, and any other tasks and activities incidental or related to the work of Shalom Farms (the "Visitor Activities"). Participation in the Visitor Activities involves certain risks, including, but not limited to, serious injury, and I am voluntarily participating in the Visitor Activities with knowledge of the potential danger involved. I understand that I will be trained in proper and hygienic harvesting and packing procedures, and agree to always abide by these procedures when doing these activities on the farm.

On behalf of myself and my family, guardians, estate, beneficiaries, heirs, successors and assigns, I (and Parent/Legal Guardian of Visitor if Visitor is under age 18) hereby release, discharge and forever hold harmless Shalom Farms and its employees (collectively, the "Organization") from all present and future claims or demands for property damage, personal injury, wrongful death and any other liability of whatever kind that may arise as a result of my participation in the Visitor Activities. I also agree to indemnify and hold harmless the Organization for all claims arising out of or relating to my participation in the Visitor Activities. I understand and agree that the Organization is not responsible for any injury or damage arising out of the Visitor Activities, including any injury or damage alleged to have arisen out of negligence by the Organization.

I have disclosed any and all allergies or relevant medical conditions to the Organization on the Visitor Information Form. I agree that Shalom Farms is not responsible for administering medical treatment of any kind.

I hereby irrevocably grant and assign to the Organization all right, title and interest in and to any and all photographic images and audio or video recordings of me made by the Organization during the Visitor Activities.

I understand that this waiver and release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that it shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia. I agree that if any portion of this waiver and release is invalid, the remainder will continue in full legal force and effect.

I am the Visitor or the Parent/Legal Guardian of the Visitor. I have read and understood this document, and I am freely and voluntarily, and without any pressure or duress, signing this waiver and release. I am of legal age.

(Print Name of Visitor)

Date

(Print Name of Parent/Legal Guardian if Visitor is Under 18)

Date

(Signature of Visitor or Parent/Legal Guardian if Visitor is Under 18)

Date