



Shalom Farms Visitor Waiver

If Visitor is **age 18 or older**, check here and provide:

Visitor's Name: _____

Email Address: _____

Phone Number: _____

Address: _____

Emergency Contact's Name: _____

Relationship to Visitor: _____

Phone Number: _____

Any allergies/other relevant medical information: _____

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If Visitor is **under age 18**, check here and provide:

**Visitor's Name:** \_\_\_\_\_

**Visitor's Parent's or Legal Guardian's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**This information will be used as Visitor's emergency contact.**

Any allergies and other relevant medical information: \_\_\_\_\_

\_\_\_\_\_

**VISITOR MUST COMPLETE THIS INFORMATION FORM  
AND SIGN THE WAIVER AND RELEASE OF LIABILITY (next page)  
VISITOR'S PARENT/LEGAL GUARDIAN'S SIGNATURE IS REQUIRED  
IF VISITOR IS UNDER AGE 18**

**WAIVER AND RELEASE OF LIABILITY**

**Please read carefully. This is a legal document.**

*Shalom Farms, Inc., a nonprofit organization (“Shalom Farms”), values the life and experiences of everyone who volunteers, visits, or works at our farms. Everyone has inherent worth, is constantly learning and growing, and has something to offer. We uphold this value by having zero tolerance for violence of any kind and expecting everyone to respect each other’s ideas and personal boundaries.*

The undersigned individual (hereafter referred to using “I”, “me”, “my”, “myself”, or “Visitor”) wishes to visit the farm space operated by Shalom Farms. I (and my Parent/Legal Guardian, if I am under age 18) understand that Shalom Farms’ space is a working farm where staff and volunteers may be actively planting and harvesting crops, and operating vehicles and other machinery. I acknowledge and agree that I will need to move about carefully and respect the instruction of my staff guide to ensure my own safety and that of others. I also understand that touring, learning, and exploring at Shalom Farms will likely include walking on uneven, unpaved terrain that may be wet or muddy, moving through tall grass and densely planted areas, handling food products, and participating in other tasks and activities incidental or related to the work of Shalom Farms (the “Visitor Activities”). I acknowledge that participation in the Visitor Activities involves certain risks, including, but not limited to, risk of serious injury and death, and that I am voluntarily participating in the Visitor Activities with full knowledge of the potential dangers involved.

On behalf of myself and my family, guardians, estate, beneficiaries, heirs, personal representatives, successors, and assigns, I (and my Parent/Legal Guardian if I am under age 18) hereby release, discharge, and forever hold harmless Shalom Farms and its directors, officers, and 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 in connection with my participation in the Visitor Activities. I also agree to indemnify, defend, and hold harmless the Organization from and against all claims arising out of or relating to my participation in the Visitor Activities. I acknowledge 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 of the Organization.

I have disclosed any and all allergies and other relevant medical conditions to the Organization on the attached Visitor Information Form. I agree that the Organization 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 or others during the Visitor Activities.

I understand that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that it will 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 of Liability is invalid, the remainder will continue in full legal force and effect.

I am Visitor (or the Parent/Legal Guardian of Visitor), I am age 18 or older, and I have read and understand this document. I am freely and voluntarily, and without any pressure or duress, signing this Waiver and Release of Liability.

\_\_\_\_\_  
**(Print Name of Visitor)** Date

\_\_\_\_\_  
**(Print Name of Parent/Legal Guardian if Visitor is Under Age 18)** Date

\_\_\_\_\_  
**(Signature of Visitor or Parent/Legal Guardian if Visitor is Under Age 18)** Date