



A R C A D I A

CENTER FOR SUSTAINABLE FOOD & AGRICULTURE

STUDENT MEDIA AND MEDICAL RELEASE FORM

Your child is taking a field trip to Arcadia Farm, located at Woodlawn, a National Historic Trust in Alexandria, VA. Our field trip team has designed a safe, hands-on experience for students visiting the farm. As with any outdoor activity, we must be prepared for injuries or emergencies. By signing this form, you are releasing Arcadia and the National Trust from legal liability for any injuries that may occur to your child, and you are providing permission for us to seek emergency medical treatment for your child if necessary.

Also, we sometimes take pictures or record audio of children on the farm during field trips. By initialing below, where indicated, you allow us to use pictures or audio of your child WITHOUT identifying your child by name.

Student's Name _____ Phone (____) _____ Age ____ Sex F / M
Parent(s) or Guardian's Name (for participants under 18 years) _____
Parent or Guardian's Work Phone (____) _____ Home phone (____) _____
Student's Home Address _____
City _____ State _____ Zip Code _____

THIS IS A LEGALLY BINDING DOCUMENT. IF YOU AGREE, PLEASE SIGN BELOW:

I understand and acknowledge that participation in activities at Arcadia Center for Sustainable Food & Agriculture's Farm ("Arcadia Farm") is entirely voluntary. Arcadia Farm operates at Woodlawn, a National Trust for Historic Preservation Historic Site, located at 9000 Richmond Highway in Alexandria, (Fairfax County) VA. I understand and acknowledge that the visit to Arcadia Farm may involve "hands-on" activities such as digging, weeding, harvesting, planting, preparing food, and other activities outdoors. I understand and acknowledge the risks and dangers involved in these activities to my child, and I know and understand that unanticipated dangers might arise.

By signing below I give my consent for my child to participate in all Arcadia Farm field trip activities except the following (list if applicable):

Please list any allergies, health problems or special needs your child may have such as an allergy to bee stings, food allergy, asthma, diabetes, epilepsy or other related illness. Include the type of reaction.

FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I hereby release, indemnify, and hold harmless the Arcadia Center for Sustainable Food & Agriculture and the National Trust for Historic Preservation, its agents, employees, officers, directors and affiliated entities and their agents, employees, officers and directors from any and all claims arising out of or in connection with injuries which

may be sustained by my child as a direct or indirect result of participation in activities at Arcadia Farm, including but not limited to injuries sustained on vehicles utilized by Arcadia Farm or its affiliated entities. I understand that the entities and persons listed above are relying upon this release and that this release is given voluntarily with full knowledge of its import. In consideration for my child being permitted to participate in the activities at Arcadia Farms, I accept all risk to my child's health and any injury my child may sustain, and I give permission to Arcadia Farms and/or the National Trust to act on my behalf and authorize medical personnel to carry out such emergency diagnostic and emergency medical procedures as may be deemed necessary for my child, and I also authorize such treatment procedures to be carried out for my child by the medical staff at local clinics and hospital(s) in the event of an emergency. I understand and acknowledge that any medical expenses will be billed directly to me or my insurance company and that Arcadia Farms or the National Trust will not provide accident or medical insurance for my child. This release covers the entire calendar year, commencing at the start of my child's visit to Arcadia Farm. All of the above consents have been freely given without inducement of any kind by the beneficiaries of this Release of Liability and Indemnification Agreement.

I, _____, give permission for my child _____ to participate in all Arcadia Farm field trip activities, except as otherwise noted, and I agree to terms and conditions of this Release of Liability and Indemnification Agreement.

Signature of parent/guardian _____ Date _____

Your child will be participating in many exciting activities at the Arcadia Farm. We sometimes use voices and/or photographs in connection with audio-video productions, articles, press releases, or web sites of field trip participants, but not as an endorsement. Please initial below if you agree to have Arcadia Center for Sustainable Food & Agriculture and the National Trust use your child's voice and picture in connection with any of the audio-video productions, articles, press releases or web sites utilized by Arcadia Farm and the National Trust. If we use video, audio, or picture of your child, Arcadia Farms or the National Trust **WILL NOT** identify your child by name. No compensation will be paid to you or your child.

Please initial here if you give permission for your child to be photographed or videoed, or your child's likeness to be utilized anonymously as noted in this agreement. _____