



## Personal Information

Name (First & Last): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

## COVID-19 Acknowledgement

My signature on the bottom of this form signifies that myself and the members of my party have answered NO to the following statements:

- I have traveled to a reported geographical hotspot for COVID-19 cases within the last 14 days.
- I have been around an individual with a confirmed case of COVID-19 in the last 14 days.
- I have a fever, chills, body aches, cough, nausea, loss of smell, shortness of breath, or any other symptom related to viral illness.

If you answered YES to any of the above statements, we ask that you come when you are healthy.

## Personal Injury & Liability Waiver

I, \_\_\_\_\_ (print name), acknowledge that I am 18 years or older. I certify that any minors with me are authorized under full knowledge of their parent/legal guardian to be on Country Roads Family Fun Farm, LLC. property and in my care. I, myself, and those under my supervision agree to follow all safety guidelines while on Country Roads Family Fun Farm, LLC. property. I assume full responsibility for myself and those in my care. I will not hold Country Roads Family Fun Farm, LLC. responsible for any potential injuries, losses, or damages that may occur as a result of participating in any and all activities on this farm. I agree to speak and act respectfully, safely, and responsibly. Should I fail to behave in such a manner, management reserves the right to ask me or members of my party to leave the premises without refund.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_