

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 expressly accept and assume all risks inherent in my participation today and agree to release and discharge from liability Country Roads Family Fun Farm, LLC. from any and all claims, demands, or causes of action which are in any way connected with my participation in activities, usage of equipment or facilities, arising from negligence. I understand that this release also applies to legal fees or costs.

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 understand that participation in any activities is completely voluntary for myself and those in attendance with me. If at any point I feel conditions are unsafe I may elect to stop participation at any point, and that my participation expresses my acceptance of any inherent risks.

I agree to hold harmless Country Roads Family Fun Farm, LLC for any potential injuries, losses, or damages that may occur as a result of participating in any and all activities on this farm and may be found by a court of law to have waived my right to maintain a lawsuit against them for any matter arising from negligence.

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.

I have had sufficient time to read this document. I understand that entry will not be made available to me without this signed release. I have read and understood this document and I, my family, my children, parents, heirs, assigns, and personal representatives agree to be bound by its terms

Parent/Legal Guardian Signature _____ Date: __/__/____

Employee Signature: _____ Date: __/__/____