

Snipes Farm and Education Center Volunteer Waiver

Volunteer Assumption of Risk and Release of All Claims

Thank you for volunteering at our farm! We appreciate that you have chosen to spend time with us. Before you begin, we need you to know that volunteering on our farm can expose you to personal injury or damage to your property. This waiver outlines our respective rights and responsibilities relating to that risk. Please read this waiver carefully and let us know if you have any questions.

1. Volunteer Status

I would like to volunteer in activities at Snipes Farm & Education Center. I understand that as a volunteer I will not be paid for my efforts and I will not be covered under workers compensation insurance. I am at least 18 years of age and I will get the consent of the Farm to bring anyone younger than 18 to the Farm.

2. Risks of Volunteering

I understand that the activities at Snipes Farm involveserious risks. I may be exposed to, for example, but not limited to: insects, wildlife, farm animals, inclement weather, extreme temperatures, heavy machinery, tools, the actions and negligence of employees, volunteers and other people present on the farm, and dangerous conditions on the land such as holes in the ground or barbed wire. I understand that these examples are not all-inclusive and there may be additional risks, all of which may involve serious personal injury, death or damage to my property.

3. Release of Claims and Assumption of Risk

In exchange for the opportunity to participate in activities on Snipes Farm, I (and my family, heirs, and personal representatives) willingly and knowingly release the Farm and its officers, owners, employees and agents from any and all liability for any personal injury or damage relating to my participation. I (and my family, heirs, and personal representatives) agree to assume all of the risks and responsibilities of my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation on the Farm.

4. Medical Care Authorized

I am physically fit to participate in activities at the Farm. I understand that there are no medical services available on site or otherwise, and I give permission to the Farm to authroize emergency medical treatment for me. I release the Farm and its officers, owners, employees and agents, from liability for any injury or damage that might xtend from such emergency medical treatment.

I further agree that this waiver should be interpreted as broadly and inclusively as Pennsylvania law permits.

Printed Name of Volunteer

Signature of Volunteer

Date

Signature of Parent/Guardian if Volunteer is under 18 years old

Date

Email address

I give permission to Snipes Farm and Education Center to use any photographs or video footage taken for any promotional or other legitimate reason.

_____ Yes

_____ No