

SOULE HOMESTEAD EDUCATION CENTER, INC.

CHILDREN'S PROGRAMS REGISTRATION / MEDICAL FORM

NAME OF PROGRAM _____ PROGRAM DATE _____

CHILD'S NAME _____ AGE _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

Does your child have any medical problems we should be aware of (allergies, physical limitations, etc.)?
If so, please list:

Is your child on any medication? If so, please list: _____

EMERGENCY MEDICAL TREATMENT

PLEASE READ CAREFULLY AND SIGN

I _____ Give permission for my child,
_____, to receive medical treatment in the
event of an emergency while he/she is attending programs at The Soule Homestead Education
Center Inc. I hold the Soule Homestead, its employees, volunteers, and directors in no way
responsible for any harm that may come to my child as a result of such treatment.

Hospital preference _____

Signature of Parent or Guardian _____ Date: _____

Thank you. Please complete and sign the information on the reverse.

RELEASE / INDEMNIFICATION AGREEMENT

I _____ of _____
(Name) (Address)

_____, _____, in consideration of the Town of Middleborough
(Town) (State)

permitting the Soule Homestead Education Center, Inc. to carry on certain activities under a license on or about the Town of Middleborough's property located on and off Soule Street in Middleborough, Massachusetts known as the Soule Homestead and in consideration of other valuable considerations, the receipt of which is hereby acknowledged hereby: (1) Release the Town of Middleborough and its officers, agents, and employees from any and all claims for damage, for personal injuries, loss of life, or property damage, which I may have in the future against the Town of Middleborough or its officers, agents, and employees, resulting from or in any way connected with my use of the said property as authorized by The Soule Homestead Education Center, Inc. except for damage caused by the negligence of the Town of Middleborough. (2) I further agree to indemnify and hold the Town of Middleborough and its officers, agents, and employees, harmless from and against any and all liability claims brought by anyone for personal injuries, loss of life, or property damage arising from, caused by, resulting from, or in any way connected with my use of the property except for damage caused solely by the negligence of The Town of Middleborough.

Witness my hand and seal this _____ day of _____, 200_.

Signature: _____.

Please read carefully and sign:

I, _____, give permission for my child to participate in activities at the Soule Homestead Education Center. I understand these activities may include handling farm animals, hiking, playing outdoor games, making crafts, cooking, gardening, light construction and other farm related activities, and acknowledge the inherent risks involved in each type of activity. I hold the Homestead and it's employees, volunteers and directors in no way responsible for any injury that my child may incur while participating in supervised programs at the Homestead.

I give my permission for my child's name and/or photo to be printed in news articles and/or promotional materials about Soule Homestead Education Center.

Signature of Parent or Guardian _____ Date _____