

THE HEAL PROJECT
LIABILITY AND MEDIA RELEASE CONSENT FORM

School: _____ Teacher Name: _____ Field Trip Date(s): _____

Liability Release (REQUIRED)

The participant and/or parent/legal guardian agrees to hold harmless THP, all THP employees, interns, contractors, and the owners of any properties made available for THP activities, from any claims, damages, losses and/or expenses arising out of participation in THP activities; and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. The participant or participant's parent/legal guardian also warrants that participation in THP activities is voluntary and understand the inherent risks involved in THP activities, and the participants agree to obey all rules and policies mandated by THP personnel. I understand that although I am signing this document today, I intend for this document to be valid and binding now and at all times in the future when I engage in any or all activities at any of The HEAL Project locations.

I have read and agree to the terms and conditions of this Liability release: _____ (initials of participant or parent/guardian if participant is under 18 years).

COVID-19 Liability Waiver (required)

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that The HEAL Project has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that The HEAL Project can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The HEAL Project staff, and other Farm guests and their families. I voluntarily partake in programs provided by The HEAL Project and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating in programs at The HEAL Project's Farm.

I have read and agree to the terms and conditions of this COVID-19 Liability Waiver: _____ (initials of participant or parent/guardian if participant is under 18 years).

The HEAL Project (THP), a California nonprofit public benefit corporation, sometimes makes photo or video recordings of the individuals participating in their programs in order to illustrate the activities in which they are involved. We ask that all individuals participating in THP activities read, acknowledge and sign (or if a minor, have a parent or guardian read, acknowledge and sign) the following:

Photo, Media and Copyright Release (OPTIONAL)

I give permission to The HEAL Project (THP) to film, tape, photograph, interview, and otherwise record me and/or my child's involvement in activities sponsored by The HEAL Project. These recordings and all such related material will remain in the property and ownership of The HEAL Project and may be used in advertising or marketing campaigns on The HEAL Project's website, in its publications, or through any other medium. I agree that The HEAL Project may edit, alter, copy, exhibit, publish or distribute recorded voice or image and hereby waive the right to inspect or approve the finished product, as well as any rights to compensation for, or ownership of, such images and/or sounds. I understand that although I am signing this document today, I intend for this document to be valid and binding now and at all times in the future when I engage in any or all activities at any of The HEAL Project locations. The HEAL Project will not release any personally identifiable information in connection with my own or my child's voice or image without my prior written consent. Personally identifiable information includes: names, phone numbers, residential and email addresses.

I have read and agree to the terms and conditions of this Photo, Media and Copyright release: _____ (initials of participant or parent/guardian if participant is under 18 years).

Yes! I would like to receive monthly email updates from The HEAL Project.

Participant Name (printed): _____

Parent or Guardian's Name (printed): _____

Parent or Guardian Signature: _____

Date: _____

Phone: _____

Email: _____