JTR Farms, LLC dba Rockberry Ranch (The Farm)

AUTHORIZATION AND RELEASE AGREEMENT

Date of Field Trip			
Child's Name	Date of birth		Age
School/Organization:	Teacher Name		
Name and Address of Parent or Legal Guardian o			
Address	City	State	Zip
Mailing address if different from above:	·		
Address	City	State	Zip
Address (work)		(cell)	
Email address:		_	
 I,	arm") and also agree for my rm has attempted to create a r sick while on the premise est aid, as well as in accord when medical treatment of my actors and employees are not y loss, damage or injury to a gence or intentional acts of servisors, or chaperones. I UNDERSTAND AND LIABLE FOR ANY INJURISHED THE RISK OF I	n injury free area s of The Farm, I ith their best judg Child. liable for any loss me or my Child at my Child, other control of the Control o	for my Child. hereby authorize ment, to summor , damage, or costs rising out of or in hildren, or of my GE THAT AN DEATH OF AN CTIVITIES. H, PROPERTY
HAVE READ THIS DOCUMENT AND ACK THE TERMS HEREIN. I UNDERSTAND TO DOCUMENT UPON EXECUTION BY THE FA OF MINE AND OF MY CHILD. IT IS THE BINDING UPON MYSELF, MY CHILD(REN) A MY CHILD(REN) AND OUR ESTATES, SUCCE Parent's / Guardian's Signature	HIS DOCUMENT BECO RM AND THAT IT WAIV INTENT OF THIS AGRE AND ANYONE ATTEMPT ESSORS AND ASSIGNS.	MES A LEGAI ES CERTAIN LI EMENT THAT	LLY BINDING EGAL RIGHTS IT SHALL BE IN BEHALF OF
Print Parent / Guardian Name:		wo oution on helvel	If of
This agreement is acknowledged as our contract of	on its stated terms upon its e	xecution on benal	11 01
Rockberry Ranch: by	Date		