



2023 Live Learn & Lead Vocational Farm Participant Application

Please answer all questions in their entirety.

Date completed: _____

Person completing this form: _____

Relationship to participant: _____

Participant General information

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname or the name would like to go by: _____

Sex: M _____ F _____ Date of Birth: ____/____/____ Race/Ethnicity _____

Address: _____

City: _____ Zip Code: _____ County: _____

Primary phone: _____ may we send text messages to this phone? Yes _____ No _____

Email: _____

Parent/Guardian Information

Name: _____

Address (if different from participants): _____

City: _____ Zip Code: _____ County: _____

Phone: _____ may we send text messages to this phone? Yes _____ No _____

Email: _____

Emergency Information

Emergency contact (*other than Parent/Guardian*): _____ Relationship: _____

Emergency contact will be used if unable to reach parent or guardian at above phone numbers.

Address: _____ City: _____

Phone: _____ may we send text messages to this phone? Yes ___ No ___

Doctor's name: _____ Doctor's Phone: _____

Authorization for Emergency Medical Treatment

I authorize Live Learn and Lead Staff to arrange for emergency medical treatment, in the event of any injury to above named participant, and if I or my designated emergency contact cannot be reached by Live Learn and Lead Staff.

Signature of participant if over 18, Parent or Guardian

Date

Live Learn and Lead Vocational Farm Waiver

Important Information

You are responsible for determining if you or your child is physically fit and/or adequately skilled for the program contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before under taking any physical activity.

Warning of Risk

Live Learn and Lead Vocational Farm is intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation and instruction there is still a risk of serious injury when participating in the program. All hazards and dangers cannot be foreseen. Certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, and carelessness. In this regard, it is impossible for Live Learn and Lead staff to guarantee absolute safety.

Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in the program. I recognize and acknowledge that there are certain risks of physical injury to the participant in this program, and I voluntarily agree to assume the full risk of any and all injuries, damage or loss, regardless of severity, that my child or I may sustain as a result of participation. I further agree to waive and relinquish all claims I or my child may have as a result of participating in this program against Live Learn and Lead Vocational Farm, including its board, executive director, volunteers, and employees.

I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name _____

Participant's Signature _____ Date: _____

Parent or Legal Guardian _____ Date: _____

****Participation will be denied if the signature of adult participant or guardian and date are not on this waiver.**

Photo Release

I/We grant Live Learn and Lead Vocational Farm, its representatives, and employees the right to take photographs/videos in connection with activities at Live Learn and Lead Vocational Farm. I/We authorize Live Learn and Lead to use or publish images/videos in print and/or electronically. I/We agree that Live Learn and Lead may use such photographs/videos with or without my name and for any lawful purpose, including for example such purpose as publicity, advertising, illustration, and web content. I/We have read, understand, and agree to the above photo release statements.

PLEASE PRINT

Participant's Name _____

Participant's Signature _____ Date: _____

Parent or Legal Guardian _____ Date: _____

Please circle session days.

Please circle session days.

2023 Calendar

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
						30

May

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

S	M	T	W	T	F	S
			1	2		
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Schedule

Our farm program has a vast number of opportunity for your student to grow and thrive with us.

We have several session options to offer:

___ 2 sessions a month for 90 minutes (\$60 a month)

___ 4 session a month for 90 minutes (\$110 a month)

___ 8 sessions a month for 90 minutes (\$220 a month)

*To begin the enrollment process please select a session option you would like.
Then we will go over skills and goals for your student in the program.*

Session Time: _____

Session Days: (please circle)

Monday Tuesday Wednesday Thursday Friday

*Payment Options: Cash, check or charge (+3% processing fee)
Please make checks payable to Live Learn and Lead*

***If you are unable to come to a session you must reschedule withing 48 hours. The make up date must be completed within 90 days of date canceled. Any cancellation or rescheduling needs to be sent to info@livelearnandlead.org**

Parent/Guardian signature

Date

We thank you for believing in the work that we do here at Live Learn and Lead.