

**Forage Inc DBA Working Food Youth Programs
HOLD HARMLESS AGREEMENT**

Parent/guardian must fill out for child/charge under the age of 18:

Child's Full Name: _____

Program(s) (Circle):

- Young Chefs
- George Washington Carver Science Club Youth Garden
- Clarence R Kelly Center Youth Garden
- Duval Community Garden Youth Garden
- CHILD Center for Early Learning Youth Garden

By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent that the child identified above (my Child) participate in the activities of Forage Inc, DBA Working Food, specifically including cooking classes, gardening classes, and herbalism classes. I also represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian. I acknowledge that the participation of my Child in activities related to growing, preparing, eating, and otherwise using produce, involves known and unknown risks, including the risk of physical injury, death and other damage.

I, the undersigned parent/guardian, give permission for the above-named student to consume produce from the Youth Garden. By signing below, I acknowledge that my child will consume food used in taste tests and cooking activities, and will make salves and other products to be used on their skin. By signing below, I acknowledge that the above-named student's participation in activities may involve contact with ingredients including but not limited to eggs, wheat, nuts, spices, milk and other items. By signing below, I acknowledge that the risks and hazards that may be associated with my child/charge's participation include the following: lifting, use of small tools, pulling weeds, gardening, picking up trash, exposure to stinging or poisonous wildlife/plants, exposure to extreme temperatures, sunburn, and dehydration.

I hereby release and agree not to bring suit against Forage, Inc, DBA Working Food in regard to any and all claims, liabilities, suits or expenses (hereafter collectively "claims"), including claims caused or alleged to be caused by negligence, for any injury, illness, medical condition, damage or other loss to me or my child in any way connected with my child's participation in the activities of Forage, Inc, DBA Working Food.

I have carefully read, understood, and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my child and other family members, my heirs, executors, representatives and estate.

Signature of Parent or Legal Guardian:

Signature _____ Date _____

Printed Name of Parent or Legal Guardian _____