

WAIVER

Lake Village Homestead Farm Cooperative
7943 South 25th Street
Kalamazoo, Michigan 49048

CHECK APPROPRIATE BOX(ES):

RESIDENT / MEMBER / VISITOR / PROGRAM PARTICIPANT / RIDER

School Name: _____
Write "N/A" if not applicable

Name: _____ **Birthdate:** _____

Address: _____ **Age:** _____

City, State, Zip: _____

Phone: _____

I do for ourselves, our heirs, our executors, our administrators, or other legal representatives, hereby release and forever discharge Lake Village Homestead, Lake Village Homestead Farm, Lake Village Homestead Farm Cooperative, Behavior Development Corporation, Coalition for Natural Justice, Ulrich Co-op, [hereinafter all above-named are referred to as Lake Village Farm] and/or any and all officers or representatives of this business together with their successors, from any and all claims, demands, damages, actions, and cause of action, whatsoever, which may arise by reason of loss, damages, injury including death, through any accident from any riding session, lesson, visit, function, gathering, horse-drawn buggy rides, hay rides or otherwise while on/about Lake Village Farm, including stable, barns, farm, residences, or grounds located within Lake Village Farm which could arise out of the entry of the below person onto the above listed properties. I also authorize Lake Village Farm to utilize any photographs and/or video recordings of my participation in any Lake Village Farm event for any and all purposes.

Signature of Parent(s) or Guardian(s) are required for persons under the age of 18.

Signature of Resident/Member/Visitor/Participant/Rider/Parent/Guardian

Date

Signature of Resident/Member/Visitor/Participant/Rider/Parent/Guardian

Date