

Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") is executed on (date) by (print name)
("Client", Volunteer", or "Visitor") releases Freedom Farm Ministries Grand Traverse, Inc., (aka "Freedom Farm"), a nonprofit corporation organized and existing under the laws of the State of Michigan and each of its directors, officers, employees, and agents.
The Client or Visitor desires to visit the farm (whether Permaculture or Equine sites) and observe or take part in the activities or therapeutic programs there, but not necessarily as a Volunteer.
The Volunteer provides volunteer services for Freedom Farm and engages in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer's relationship with Freedom Farm is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Freedom Farm will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Freedom Farm.
1. General Waiver and Release: I, the Client/Visitor/Volunteer, release and forever discharge and hold harmless Freedom Farm Ministries Grand Traverse, Inc., and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Freedom Farm. I understand and acknowledge that this Release discharges Freedom Farm from any liability or claim that I may have against Freedom Farm with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Freedom Farm or occurring while I am providing volunteer services. Initial
 Insurance: Further I, the Volunteer/Visitor/Client, understand that Freedom Farm does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Freedom Farm beyond what may be offered freely by Freedom Farm in the event of injury or medical expenses incurred by me. Initial
 Medical Treatment: I hereby Release and forever discharge Freedom Farm from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Volunteer with or Visitor to Freedom Farm. Initial



4.	Assumption of Risk: I understand that the services I provide to F activities that could be hazardous to me including, but not limited other farm animals, and working in garden/orchard/food for activities involving inherently dangerous activities. As a volu assume risk of injury or harm from these activities and Releast liability. Initial	I to, working with horses or est and other land-based nteer, I hereby expressly
5.	Photographic Release : I, Client, Volunteer, or Visitor, grant and all right, title, and interests in any and all photographs, images, of me or my likeness or voice made by Freedom Farm in convolunteer services to or visiting Freedom Farm. Individual m photographed.	video, or audio recordings nection with my providing
	Initial OPT OUT	
	y signing below, I, the Client, Volunteer, or Visitor, express my unter into this Release and Waiver of Liability willingly and voluntarily	9
Si	ignature (or parent/guardian if under 18)	Date
	rinted Name	