

2012 Tap Root Farm Summer Camp Waiver

Please read & sign the following waiver.

Camper Name/s: _____

In case of disabling accident or illness, I authorize Tap Root Farm Summer Camp to take emergency action or measures to protect my child and his/her health. I request the camp to contact me. If the camp cannot reach me in due time (which will vary based on the seriousness of the injury or health concern) I hereby authorize the farm to contact the above person and follow his or her instructions. If my designated “additional emergency contact”, cannot be reached, I hereby authorize Tap Root Farm Summer Camp to use its best judgment and take emergency measures to protect my child. I, the undersigned, hereby voluntarily and knowingly release any and all claims against SUSAN INGRAHAM-BALDA, her agents, heirs, executors, partners, administrators, employees, representatives, successors, assigns, sponsors, volunteers, and contractors, including but not limited to any claim against Tap Root Farm, Tap Root Farm Too, Ingraham Family Limited Partnership, its owners, partners, agents, assigns or successors (all the foregoing are hereinafter collectively referred to as “INGRAHAM /BALDA”) from any and all liability or claims arising out of or in any way related to the summer camp & summer camp’s camp-out and equine activities or presence a Tap Root Farm or Tap Root Too.

Under Tennessee law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee code annotated, title 44, chapter 20.

Additional Emergency Contact: _____

Phone Number: _____ Relationship to Camper _____

Family Physician: _____

Address: _____ Phone: _____

