



Seasonal Farmer Registration Form

**Send this signed and completed form with your payment in full to:
Green Meadows Farm, 656 Asbury St S. Hamilton, MA 01982**

Student Name: _____ Age: _____	
Student Name: _____ Age: _____	
Student Name: _____ Age: _____	
Parent/Guardian Name	Email
Home Phone:	Cell Phone:

The Seasonal Farmer: Wednesdays 9:00am – 12:00pm

\$37 per session or \$245 for all seven sessions

_____ Session 1, April 13

_____ Session 2, May 11

_____ Session 3, June 15

_____ Session 4, July 6

_____ Session 5, August 3

_____ Session 6 September 7

_____ Session 5, October 5

_____ Total number of sessions @\$37 x _____ number of students = _____ Total Due

_____ All 7 sessions @\$245x _____ number of students = _____ Total Due

I understand by signing below that program activities may include, but are not limited to: walking on uneven terrain, playing active games, and participating in activities near farm animals. I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Green Meadows Farm, LLC and its officers, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Green Meadows Farm School and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Farm School activities, excepting in the case of Gross negligence.

Signature of Parent/Guardian

Name of Child

Date
