



Permaculture Practicum Application

Name: _____

Group/Organization (if applicable): _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ (home) _____ (work/cell)

Would you like to be added to the email list? Yes _____ No _____

To help ensure smooth sailing, please note the following:

Community Farm Ethics:

- Make sure to wear **close-toed shoes** (no sandals or open-toed shoes)—it's required while working on the farm, so we all stay injury-free.
- If you have questions, are unclear on instructions, or don't know how or what to do, please ask!
- When you're done with a task, **clean up all tools and materials immediately**. If you don't know where something goes, ask staff or put it back where and how you found it.
- If you see something broken or out of place, **let us know** so we can fix it.
- **Be safe!** We want to work hard and efficiently, while also remaining injury-free. Make sure to drink water, take breaks and pace yourself as needed.

We hope you **HAVE A GOOD TIME, COME BACK** and **SPREAD THE WORD!**

Please read and sign back page

Elkstone Farm, LLC
RELEASE AND WAIVER OF LIABILITY

Please read carefully before signing

In consideration for allowing me to participate in its permaculture practicum, farming, agricultural and other similar programs and activities (“Activities”) sponsored by Elkstone Farm, LLC. (hereinafter “Elkstone Farm”) and to enter upon the land on which such activities occur, I, for myself, my next of kin, my heirs, personal representatives, executors and administrators, do hereby agree to the following:

I understand that my participation in the Activities may involve risks, hazards and dangers, including those caused by (i) physical exertion, (ii) exposure to bees and other insects, farm and wild animals, dust, pollens, and other natural elements, (iii) the use of tools and machinery, (iv) exposure to contagious diseases such as COVID, and (v) the actions or inactions of others including other participants. These risks, hazards and dangers may result in injury, disability, loss or death.

I attest that I am over the age of eighteen and in good health and physically capable of participating in the Activities. I do not have any health issues or allergies that would pose a risk or liability or impede my ability to engage in the Activities. I agree to follow all COVID protocols adopted by Elkstone Farm, the CDC and county guidelines, including wearing masks and remaining socially distanced. **I voluntarily assume all risk of injury, disability, loss or death association with my participation in the Activities.**

I hereby release, hold harmless, indemnify and agree to defend Elkstone Farm, Amethyst Ranch, LLC, and Strawberry Woods Ranch, LLC, and each of their officers, directors, managers, members, employees, agents, representatives, successors and assigns (hereinafter “Releasees”) from all liabilities, claims, actions, damages, costs or expenses arising out of or related to any loss, damage, injury or death that may be sustained by me while involved in the Activities, including those arising out of strict liability or negligence of Releasees or other participants. I understand that this waiver includes any claims based on negligence, action or inaction of any of the Releasees or other participants.

No oral representations or inducements have been made to me to sign this waiver/release. If any portion of this waiver/release is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect. This waiver/release will be governed by the laws of the State of Colorado.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY.

DATED: _____

NAME (print): _____

SIGNATURE: _____