

## 2026 Release and Waiver of Liability

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This Release and Waiver of Liability ("Release") executed on this below date by Strong Family Farm, Inc. and Nancy Strong, for all volunteer work and activities on the farm in 2026:

I, the visitor, desire to participate in work and activities on the farm. I understand the activities may include but are not limited to clean-up and construction at the site location, consuming food and beverages, close contact with animals and other participatory related activities.

**Waiver and Release.** I, the visitor, release and forever discharge and hold harmless Strong Family Farm, Inc., Nancy Strong, and her successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the farm activities.

I understand and acknowledge that this Release discharges Strong Family Farm Inc. and Nancy Strong from any liability or claim that I, the visitor may have against Strong Family Farm Inc. and Nancy Strong with respect to any bodily injury, personal injury, illness, death or property damage that may result from participation in this event. I also understand that Strong Family Farm Inc. and Nancy Strong do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

**Medical Treatment:** I hereby release and forever discharge Strong Family Farm Inc. and Nancy Strong, owner, from any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in farm volunteer work and activities.

**Assumption of the Risk.** I hereby release and forever discharge Strong Family Farm Inc. and Nancy Strong from any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in volunteer farm work and programs.

**COVID-19:** At no time, to the best of my knowledge, will I come on farm property with any symptoms of COVID-19 (COUGH, FEVER, TIREDNESS, DIFFICULTY BREATHING, SORE THROAT, RUNNY NOSE, ACHES/PAINS OR DIARRHEA). AND if I have come in contact with anyone with a confirmed case of COVID-19. I will wear a mask if w/in 6' of another person on the premises.

**Photographic Release.** I grant and convey unto Strong Family Farm all right, title and interest in any and all photographic images and video or audio recordings made by the volunteers during my participation in activities at the Strong Family Farm, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

**Other:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut in the United States of America and that this Release shall be governed by and interpreted in accordance with the laws of the State. I agree that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release, which shall continue to be enforceable.

(OVER)

**ADULT:**

To express my understanding of the Release I sign here with a witness:

**Visitor/volunteer:** Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness:** Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* UNDER 18 FILLED IN BY PARENT/GUARDIAN \*\*\*\*\***

**Student name:** \_\_\_\_\_

To express my understanding of the Release I sign here with a witness for my son/daughter/guardian:

**Parent/Guardian Name:** Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone and email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness:** Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*IMPORTANT: EMERGENCY CONTACT INFORMATION\*\*\***

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Emergency contact phone number:** \_\_\_\_\_

**Text?:**    Yes    No