

**Green Women Gathering VENDOR
Consent and Release Form**

Full Legal Name: _____ Nickname: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone#: _____ Email: _____

Dates of Retreat you will be attending: _____

Other guests I am attending with: _____

Please list any medical conditions or allergies the staff may need to know: (list on back of paper if more space is needed): _____

In case of emergency, please contact: _____

Phone of emergency contact: _____

If I am unable to make a decision on my own behalf regarding medical care, I authorize Nature Church and Spoutwood Farm staff and group leaders to make emergency medical decisions for me include the permission to disclose information about me with other parties in regards to my treatment. I understand that my insurance will be the primary insurance for all accidents and illnesses. In the event I do not have medical insurance, I understand that it is my sole responsibility to pay for any and all expenses for medical services I receive. **Date of Birth:** _____

Family Physician: _____ **Phone #:** _____

All reasonable precautions have been taken to assure that the programs and events offered as part of the women’s retreat are as safe as possible; however attending and camping at a retreat on a working farm is not without risk. **I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED WHILE AT SPOUTWOOD FARM AND NATURE CHURCH WOMEN’S RETREAT, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do hereby indemnify and hold harmless Spoutwood Farm and Nature Church, and their officers, directors, agents, employees, volunteers, and representatives (the “indemnified parties”) from and against any and all liability, damages, actions, cause of action, claims, losses, and/or expenses, including but not limited to attorney’s fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the group or the group leadership, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

Signature (if at least 18 years of age): _____ **Date:** _____

(if under 18 years of age) **Name of Parent/Guardian:** _____

Signature of Parent/Guardian: _____ **Date:** _____

*Please check here ___ if you do not want to be added to Nature Church’s emails, newsletter, mail-outs, etc