

Quiet Creek Farm, Inc.  
**RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_, am aware that while I am partaking of the services offered by Quiet Creek Farm, Inc., there are certain risks and dangers including, but not limited to: hiking, climbing, or riding, traveling by motor vehicle, or other conveyance; accident or illness in remote places without medical facilities; damage or loss of equipment; and the forces of nature. In consideration of, and as part payment for, the right to participate in any activities and to use equipment, livestock, services or food provided by Quiet Creek Farm, Inc., its agents, associates, or contractors, **I DO HEREBY ASSUME ALL THESE RISKS, INCLUDING THE RISK OF SIMPLE NEGLIGENCE AND DO RELEASE AND DISCHARGE FOR MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, QUIET CREEK FARM, INC., ITS BOARD OF DIRECTORS,** its agents, associates, or contractors **FROM ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION** which may arise because of, or in connection with my participation.

\_\_\_\_\_ Date: \_\_\_\_\_  
RESIDENT'S SIGNATURE I warrant that I am 18 years of age.

**AUTHORIZATION FOR HEALTH CARE**

I, \_\_\_\_\_ parent/sponsor of \_\_\_\_\_

Date of Birth, \_\_\_\_\_ hereby authorize any employee or representative of Quiet Creek Farm, Inc., to provide any and all health care for my sponsee during enrollment in this program. This authorization shall include, but is not limited to, x-rays, anesthesia, inoculation, vaccination, dental or medical diagnosis or treatment, surgery and hospital care. It is the purpose of this authorization to hold Quiet Creek Farm, Inc., harmless for any treatment or attendant expenses that are incurred by the above resident while in the care of the Quiet Creek Farm, Inc.

\_\_\_\_\_ Date: \_\_\_\_\_  
Resident

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Sponsor