



FIELD TRIP/VISIT FORM RELEASE OF LIABILITY

Field Trip Date: _____ Field Trip Hours: _____

READ CAREFULLY

In exchange for entrance to The Farm and participation in all activities offered and use of the property &/or facilities at THE FARM, 7222 W. Grand Teton Drive, LV, NV. 89131, I agree there are inherent risks and I assume FULL RESPONSIBILITY FOR MYSELF, MY FAMILY AND ANY AND ALL VISITORS WITH ME.

	Parent/ Guardian(s) Name(s)	Child(ren) Name(s)	Total Adult(s) @ \$5ea x number of hours	Total Child(ren)* @ \$10ea x number of hours	Total Paid
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*All children of walking age attending field trip must be included in total group cost.

	Parent/ Guardian(s) Name(s)	Child(ren) Name(s)	Total Adult(s) @ \$5ea x number of hours	Total Child(ren)* @ \$10ea x number of hours	Total Paid
21					
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24					
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Group Total Paid _____

*All children of walking age attending field trip must be included in total group cost.