



FIELD TRIP/VISIT FORM RELEASE OF LIABILITY

Field Trip Date: _____ Field Trip Time: _____

30 or less children: 1 hour; 31 or more children: 1 ½ 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) x \$5ea	Total Child(ren)* x \$10ea	Total Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*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) @ \$5 per hour x number of hours	Total Child(ren)* @ \$10 per hour x number of hours	Total Paid
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

Group Total Paid _____

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