



<div style="border: 1px solid black; padding: 5px;"> APPLICATION PACKAGE GREENELANDING KY FARM 327 662 CADEN LANE LEXINGTON, KY </div>	<p style="text-align: center;">2025 Summer Garden Registration</p> <p style="color: red;">CODE OF CONDUCT: A zero-tolerance policy is in place for profanity, disrespect & misconduct on site and/or during any virtual meetings</p>	<p style="text-align: center;">APPROVAL BY STAFF ____YES ____NO</p> <p style="text-align: center;">DATE REC'D _____</p>
<i>The program is sponsored by a Fayette County Conservation District (FCCD) Grant. Registration is Open to Fayette County Students, Adults and Families.</i>	<p style="text-align: center;">Circle Plants to Grow:</p> <p>Cabbage____ Carrots____ Green Beans____ Kale ____ Cucumber____ Squash____ Sweet Peppers____ Flower(s) ____</p>	
Last and First Name:	Age and Gender:	Race: (For Grant Purposes) African American ____ White ____ Other (specify) ____
Address/City/ Zip:	School Name / Grade	T- Shirt Size:
Parent/Guardian #1 Full Name: (If Under 18)	Address and Phone Number:	Email Address
Parent/Guardian #2 Full Name: (If Applicable)	Address and Phone Number:	Email Address:
Emergency Contact Full Name:	Address:	Phone Number
Physician Name:	Physician Phone Number:	Insurance Name/ Card Number:
NOTE: Parent/Guardian must stay on/near site for EACH Visit.	Is the student up-to-date on immunization as outlined by Kentucky law required for enrollment in public programs? (YES)____ / (NO)____	Will you or the student require medication during program hours? Yes___/No___ Please list, which parent will administer ____

^ There is NO restroom facility on the outdoor site, please refresh before coming to site^



FULL NAME:	PARENT FULL NAME: (If Applicable)	PHONE NUMBER:	
Do you have any outdoor allergies such as soil, tree or grass pollen, or insect bites or stings? (YES) _ _ (NO) _ _	If so, please list along with any additional medical treatments required, if necessary _____	List any additional information that staff should be made aware of (behavioral, emotional, mental, physical)	
By signing this application, we acknowledge that we have read the waiver AND ASSUME ALL RESPONSIBILITY OF RISK AND RELEASE ALL LIABILITY ON THE PART OF GREENELANDING Garden Site, Staff and/or Volunteers		I also give permission to be photographed for camp activities and social media.	
APPLICANT SIGNATURE		DATE SIGNED	
PARENT's SIGNATURE			
<p align="center"><i>PLEASE CONTACT JOJUANA at (859)-608-9735, IF YOU HAVE ANY QUESTIONS.</i></p> <p align="center"><i>THE DATE(S)/TIME(S) OF THE GARDEN SITE VISITS WILL BE DETERMINED BY THE GROUP AT THE FIRST MEETING.</i></p>			

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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME **ALL OF THE RISKS OF PARTICIPATING** IN THIS 2025 PROGRAM AS A STUDENT, PARENT(S), and/or VOLUNTEER WORK FOR **GREENELANDING: FARM 327** AND ANY/ALL ACTIVITIES ASSOCIATED WITH THIS GARDEN CAMP and/or EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from outside dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in this PROGRAM/activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in **ANY OUTSIDE {GARDEN SITE} ACTIVITIES**.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the PROGRAM/ACTIVITY event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The **GREENELANDING: FARM 327**, Fayette County Conservation District, (FCCD) and/or their owners, directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, guest speakers and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that **GREENELANDING: FARM 327** and FCCD, and their owners, directors, officers, workers, volunteers, representatives, guests/speakers and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this PROGRAM/activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. _____ **APPLICANT/PARENT SIGNS HERE**

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, PHOTOS AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Print/Signature Date
(Please print legibly.)

Participant's Name Age

Parent/Guardian Print/Signature (If Under 18) Date

PHONE NUMBER/EMAIL

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