



WELLS FARM ARTS AND EDUCATION CENTER

634A Barbers Pond Road West Kingston, RI 02892

Info@WellsFarmRI.org www.WellsFarmRI.org

RENTAL - PARTICIPANT REGISTRATION WAIVER

EVENT: _____ **DATE OF EVENT:** _____

FACILITATOR: _____

Assumption of Risks:

I, the undersigned, acknowledge that there are inherent risks associated with participating in the above referenced planned event (hereinafter "Event"). These risks include, but are not limited to slip and fall hazards, exposure to natural elements, and other potential dangers associated with the Event.

Release of Liability:

In consideration for participation in the Event at the above address, I hereby release and discharge Wells Farm Arts and Education Center and any of its directors, officers, employees, agents, and representatives from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, arising out of or in connection with my participation in the Event.

Medical Treatment and Consent:

In the event of injury, I authorize Wells Farm Arts and Education Center and any of its directors, officers, employees, agents, and representatives to seek medical attention in the event of an emergency. I also give my consent for any necessary medical treatment, including the administration of first aid, CPR, or other emergency medical procedures.

Indemnification:

I agree to indemnify and hold harmless Wells Farm Arts and Education Center and any of its directors, officers, employees, agents, and representatives from any claims, damages, liabilities, expenses, or losses arising from my participation in the Event.

Governing Law and Jurisdiction:

This waiver and release of liability shall be governed by and construed in accordance with the laws of Rhode Island. Any legal action arising out of this waiver shall be brought in the courts of the state Rhode Island.

I have read and understood this waiver and release of liability, and I voluntarily sign it with the intent to be bound by its terms.

PRINT NAME SIGNATURE DATE

ADDRESS _____

EMAIL _____ PHONE# _____

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PHOTO AND VIDEO CONSENT

By checking the box, I grant **Wells Farm Arts and Education Center** and any of its directors, officers, employees, agents, and representatives the permission to take photos or videos of me during the event for promotional or educational purposes.

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JOIN OUR EMAIL LIST

I would like to receive emails about upcoming programs and events at Wells Farm Arts and Education Center.