



referred by: _____

SonRidge Farm ♦ 246 Wright Rd ♦ Kings Mountain, NC 28086 ♦ 704-734-0809

Registration and Liability Release 2025

The Event: SonRidge Farm Day Camp in Kings Mountain, NC

Camp Type: ___ **Farm Life 101** (5 day camp / ages 7-14) ___ **mini Farm Camp** (2 or 3 day camp / ages 4-7)

Camp Date: _____

Child's Name: _____ **DOB:** _____

Parent/Guardian Name _____ **Relationship** _____

Emergency Contact Phone Numbers: Mobile _____ **Other** _____

Email Address: _____

Alternate Emergency Contact Information:

Name _____ **Relationship** _____

Contact Phone Numbers: Mobile _____ **Other** _____

In consideration of the child's right to participate in the Event, I agree as follows:

1. I authorize the Child to participate in the Event.
2. **I acknowledge that the Child's participation in the Event involves risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, sickness, death, property damage and other harm connected with the Child's participation in the Event. I acknowledge that I am responsible for all medical expenses due to the Child's illness or injury in connection with the event.
3. **I acknowledge that the camp may involve strenuous and hazardous physical activities** depending on the tour selected and I certify that the Child is in excellent physical health and has no physical limitations that would prevent the child from participating in the camp. If there are limitations (including any allergies) they are listed below. I understand that where possible accommodations will be made to allow a child with limitations to participate. I grant permission to the Farm Parties (defined below) to provide the Child with first aid and obtain and to seek professional emergency care if needed.

Limitations & Allergies _____

I understand that foods which are made as part of the week-long camp may be sampled by the Child. I am listing any food restrictions, and I understand that I am responsible to instruct my child as to any foods to avoid.

Food Restrictions _____

4. I hereby indemnify, hold harmless and release the Stumbo Family, Lockridge Family, SonRidge Farm LLC, and each of their respective affiliates, officers, directors, employees, agents or representatives ("Farm Parties"), in addition to NC 4-H and all NC counties 4-H program and their affiliates, for and from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys' fees that arise out of or in connection with any personal injury, property damage, and/or other loss suffered by the Child in connection with the Child's participation in the Event.

5. Under NC state law an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.
Chapter 99E of the NC General Statutes

Under NC state law, there is no liability for an injury to, or death of, a participant in an activity conducted at this location if such injury or death results from the inherent risk of activity. Inherent risks include, among others, risk of injury inherent to the land, equipment, and animals as well as the potential for you to act in a negligent manner that may contribute to injury or death.
Chapter 99E-32 of the NC General Statutes

6. A convenient Hand-Washing Station will be provided with soap and water. An announcement will be made to the group as to the location. I understand that I assume all responsibility for my child following the instructions to wash their hands thoroughly at said hand-washing station. It is not the responsibility of SonRidge Farm to see that my child washes their hands.

7. I authorize the Farm Parties to take videotapes and photographs of the Child and to record the child's voice, conversation, and other sounds during and in connection with the camp. I acknowledge that the Farm Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever without compensation to me or the Child. I authorize the Farm Parties to use the Child's name, voice, likeness, and any biographical facts provided to the Farm Parties in advertising and promoting the camp or any 4-H related project without further compensation.

8. I certify that I am the parent or legal guardian of the Child.

9. I acknowledge that reoccurring issues with inappropriate or aggressive behavior will result in the Child being excused from camp without a refund.

10. I acknowledge that the Child must be fully potty trained (no diapers or pull ups) and able to use a porta-potty to attend camp.

11. I acknowledge that camp payment is NON-refundable and NON-transferable.

12. I acknowledge that I have read both sides of this Release in its entirety, fully understand its contents, and have signed below of my own free will.

SIGN NAME: _____ Date _____
Parent or Guardian

PRINT NAME: _____

2025 Farm Camp: Approval List for Pick Up

Camper's Name: _____

For security and safety measures, individuals (*including parents*) are required to present their Driver's License or State ID to the counselor when signing their camper out daily. (During pick up only)
Any individual who may pick up your camper must be noted below.

Adult's Name: Must list yourself too	Relation to Camper:	Phone Number:

I, _____ have completed the approved list of individuals allowed to pick-up my child(ren). I also understand that SonRidge Farm is taking reasonable measures to keep my child(ren) safe and healthy and will not hold them accountable for any sickness my child may contract.

Sign

Date