

Enrollment Form

Afterschool Youth Classes at



4510 N. River Rd., Oceanside, CA 92057

Full Name of Youth: _____ Age: ____ Grade Level: _____

School Attending: _____ DOB: _____

Parent/Guardian Full Name _____

Relationship to Child: _____ Phone #: _____

Email Address: _____

Home Address: _____

Preferred Method(s) of Communication (please circle):

Phone text Phone Call Email Personal Visit

I would like to enroll my child in the following sessions:

- WEDNESDAYS (8-12 years) 3 pm - 5 pm October 20th - December 8th
ROOTS PLANT LAB: Gardening and Botany for Youth
- THURSDAYS (10-16 years) 3 pm - 5 pm October 14th - December 9th
MAW AT THE FARM! Youth Art Classes
- FRIDAYS (10-15 years) 3 pm - 5 pm October 22nd - December 10th
SPORTS & WELLNESS (Older youth welcome to assist while still fully participating in activities)

Participation, Waiver, and Release of Liability

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Participant”) releases Botanical Community Development Initiatives, (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents.

1. Waiver and Release: I, the Participant, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in any activities with or sponsored by Nonprofit.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in any activities with or sponsored by Nonprofit.
4. Assumption of Risk: I understand that my participation in activities with or sponsored by Nonprofit may include activities that may be hazardous to me. As a participant, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit and any additional sponsors all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my participation in activities with or sponsored by Nonprofit.
6. Other: As a participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date

Printed Name (Or parent/guardian if under 18)

Phone #

E-mail Address

Name of Participant (If under 18)

Date of Birth

Botanical Community Development Initiatives reserves the right to not allow participation of anyone who does not complete the release and waiver completely and legibly.

COVID-19 Liability Waiver

Read Carefully

In exchange for use of the services, facilities, and property and/or participation in programs, events, and/or activities of Botanical Community Development Initiatives, of 4510 N. River Rd., Oceanside, California, 92057, I, _____, parent or legal guardian of _____ agree for myself and (if applicable) for the members of my family, to the following:

- 1. AGREEMENT TO FOLLOW DIRECTIONS.** I agree to observe and obey all posted rules and warnings regarding COVID-19, and further agree to follow any oral instructions or directions given by Botanical Community Development Initiatives, or the employees, representatives, or agents of Botanical Community Development Initiatives.
- 2. ASSUMPTION OF THE RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the above described activity regarding COVID-19, acknowledge the contagious nature of COVID-19 and understand that CDC and public health authorities recommend the practice of social distancing, and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Botanical Community Development Initiatives for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Botanical Community Development initiatives, whether caused by the fault of myself, my family, Botanical Community Development Initiatives or other hired parties.

I acknowledge that Botanical Community Development Initiatives has followed all local and state requirements regarding the coronavirus pandemic to reduce the spread of COVID-19. I acknowledge that Botanical Community Development Initiatives cannot guarantee that I or any of my family members will not become infected with COVID-19.

- 3. INDEMNIFICATION.** I agree to indemnify and defend Botanical Community Development Initiatives against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may arise from my or my family's use of or presence upon the facilities, services, and property and/or participation in programs, events, and/or activities of Botanical Community Development Initiatives.
- 4. APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.
- 5. No Duress.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Botanical

Community Development Initiatives has offered to refund any fees I have paid for use of/participation in facilities, services, programs, events, and/or activities. If I choose not to sign this Agreement.

6. **ARM'S LENGTH AGREEMENT.** This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity. Accordingly, the Parties specifically reject the application of Cal. Civ. Code §1654 to this Agreement, as well as any other statute or common law principles of similar effect.
7. **ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement of any other application of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.
8. **DISPUTE RESOLUTION.** The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be resolved by binding arbitration under the rules of the American Arbitration Association. The arbitrator's award will be final, and any judgment may be entered upon it by any court having proper jurisdiction.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Parent Signature _____ Date: _____

Printed Name of Above _____

Print name of Minor Participant. _____



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PLANTS, PEOPLE, AND COMMUNITY

Medication Information Form

One form for each child.

Please fill in EVERY BLANK. This form is used in an emergency situation when 911 needs to be called. We MUST have all of this information on this form in the unlikely event that we have an emergency involving your child.

Child's Full name: _____ DOB _____

Parent 1: Full Name _____ Home/Cell _____

Work Phone _____ Email _____

Home Address _____

Parent 2: Full Name _____ Home/Cell _____

Work Phone _____ Email _____

Home Address _____

Emergency Contact/Pick-up 1: Full Name _____

Phone: _____ 2nd Phone _____

Email _____ Relationship to child: _____

Emergency Contact/Pick-up 2: Full Name _____

Phone: _____ 2nd Phone _____

Email _____ Relationship to child: _____

Emergency Contact/Pick-up 3: Full Name _____

Phone: _____ 2nd Phone _____

Email _____ Relationship to child: _____



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Physician's Name: _____

Physician's Phone Number: _____

Preferred Hospital(s) _____

Dentist _____ Dentist Phone # _____

Medical Insurance Carrier _____

Health Record #/ Medical Insurance # _____

Any known allergies? Yes No If yes, please explain _____

Anything else we should be aware of (Health, behavior, or other?) _____

If your child is here without a parent and there is an illness or injury, we will immediately contact parent(s). **We will always err on the side of caution, so if calling an ambulance is necessary, please know that one will be called.** Law prohibits us from dispensing any medication, prescription, or over-the-counter, to your child.

Please check here if you give permission for your child to be dropped off and/or picked up by people listed as "Emergency Contact/ Pick-up" above. (No other person will be allowed to pick up your child unless specified on this form otherwise)

Please sign below that you have read and filled out this entire document and agree to all of the above as written in this document.

Parent/Guardian signature _____ Date: _____



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COMMUNITY ROOTS FARM

Behavior Contract

Dear Parents/Guardians:

Please review the following behavior contract with your child. Ensure that they understand the expectation of their behavior while at Community Roots Farm. We will review these rules with them when they come to the farm. While we have play spaces we are also a working production farm. We want to ensure the safety and well-being of everyone who comes to the farm as well as ensure that crops, animals, and farm tools do not get damaged.

Farm Rules

**We CARE for ourselves and those around us.
We earn each other's trust through HONESTY.
We RESPECT each other and the environment.
We are RESPONSIBLE for our own choices.**

While at Community Roots Farm, I **WILL**:

___ Show respect and kindness in words and in actions to others

___ Be honest with others

___ Respect other people's feelings and differences

___ Follow directions of staff and supervising volunteers

___ Show responsibility by being helpful.

___ Respect the property of the farm and others at the farm.

___ Have fun! The most important thing about being at the farm is enjoying yourself and making sure that others feel safe and respected so that they can have a good time too.



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While at Community Roots Farm I **WILL NOT**:

- Fight, "rough house" or behave unsafely
- Threaten or bully others
- Bring prohibited items such as weapons or drugs.
- Pick any fruits or vegetables without permission.
- Step on garden beds (so that they can continue to grow!)
- Damage or take things that don't belong to me
- Use inappropriate language

I have read and understood the Community Roots Farm Behavior Contract and agree to follow the farm rules. I understand that failure to comply with these rules will have consequences, which may include, but are not limited to:

- Prohibition from participation in activities at Community Roots Farm and/or with Botanical Community Development Initiatives
- Permanent expulsion from Community Roots Farm

Printed Youth name: _____

Youth Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Permission Slip to Walk Home

Dear Parents,

Because we are concerned with the safety of your children, we would like the parent of every child who will leave the premises of Community Roots Farm on their own without being picked up to please fill out the form below, and sign it, and return to us.

Student's Name: _____

Parent/Guardian who authorizes (Please Print): _____

By signing the waiver, I authorize my child (listed above) to walk, bike, skate home or otherwise go only to the places that I have designated below. Please note that this permission form grants permission for your child to leave the premises of Community Roots Farm/Botanical Community Development Initiatives without adult supervision.

Your child may walk, bike, or skate home or go to the places that you have designated below only when this permission slip is signed, dated by parent or guardian, and is on file with Botanical Community Development Initiatives. If we do not have this slip, your child will not be authorized to leave the premises until a parent/legal guardian, or pre-approved individual indicated on Medical Emergency Form arrives to pick them up.

This permission slip is valid for Fall 2021 afterschool programs at Community Roots Farm located at 4510 N. River Rd, Oceanside, CA 92057. All programming occurs from 3:30 pm – 5:30 pm Wednesday-Friday.

Please note the places you have designated for your child to walk to after our 3:30 pm – 5:30 pm after school programs at Community Roots Farm:

Signature of Parent/Guardian: _____ Date: _____

Phone Number(s): _____