

Medicine Garden Liability Release Form – Full Program 2020

Today's Date _____

Personal Information

Name (legal name) _____

Preferred Name (if different) _____

Permanent Address _____

Mailing Address (if different from permanent) _____

Phone _____ Email _____

Class Info

Medicine Garden Full Program 2020

Class dates: 3/27, 3/28, 3/29, 4/3, 4/10, 4/17, 4/24, 5/1, 5/15, 5/22, 5/29, 6/5, 6/12, 6/19, 6/26, 6/27, 6/28, 7/3, 7/10, 7/24, 7/31, 8/21, 8/28, 9/4, 9/18, 9/25, 10/2, 10/3, 10/4.

Organizers: Heather Luna, clinical herbalist & director of the Acorn School of Herbal Medicine; and Renee Wade, gardener & permaculture designer.

Activities: Gardening outdoors.

Locations: At the farm: Bluebird Farm 11153 Cement Hill Road, Nevada City, CA 95959.

At the school: Acorn School of Herbal Medicine 580 Searls Ave, Nevada City, CA 95959.

Health History

In the event of an accident or emergency resulting in your inability to communicate with us, we require some basic health and insurance information so that we can relay this information to medical professionals in order to help you. All information submitted is kept confidential and will only be used in the case of an emergency.

Emergency Contact Information

	Name	Relationship	Phone Number
1			
2			

Medical Insurance Information *(as it appears on your insurance card)*

Insurance Company Name:
Policy Holder's Name:
Policy Holder's ID Number:
Policy Holder's Plan/Group Number:
Policy Holder's Date of Birth:

Medical Information

Do you have any allergies? Please list: _____

Do any of your allergies require the use of an Epi-Pen? If yes, please list: _____

List medical conditions you have been diagnosed with: _____

List current prescription medications you are taking: _____

Other comments: _____

Consent for First Aid Treatment in the Field & Medical Treatment

I, _____, hereby give my consent to be personally treated by Heather Luna Keasbey with herbal medicines for minor trauma and immediate medical assistance if required. Such treatment will be preliminary only and further medical treatment will be sought if necessary.

I, _____, hereby give my consent to be personally treated by: emergency medical personnel, a physician, or surgeon, and transported to the nearest medical facility/hospital in case of sudden illness or injury while on our camping trip. It is understood that Heather Luna Keasbey and/or the Acorn School of Herbal Medicine will provide no medical insurance for such treatment, and that any and all costs thereof will be at my expense.

Liability Release

Upon my registration for the Medicine Garden Program through the Acorn School of Herbal Medicine, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Heather Luna Keasbey, the Acorn School of Herbal Medicine, Renee Wade and Bluebird Farm, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of myself against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

Signature _____ Date _____

Printed Name _____