



## WHISPERING BROOK Farm & Art Studio

114 Cedar Swamp Rd. Tolland, CT 06084  
860-794-5650 • info@whisperingbrook.org  
www.whisperingbrook.org

### Permissions, Consents, and Waivers

#### Photo and Video Consent:

We at Whispering Brook Farm & Art Studio respect family privacy and authority in matters of photography and videography. Any photos and videos taken of children/adults/mentors will not be used on our website, nor in any other advertising, without parental consent.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Parent/Guardian Name) (Child's/adults/mentor's Name)

give Whispering Brook Farm & Art Studio permission to use images of my child/adult/mentor in:

Photos to be used in advertising and on the web

Videos to be used in advertising and on the web

I do not want my child/adult/mentor to appear in pictures of videos that will be made public

I do not want my child/adult/mentor to appear in any pictures or videos

I give Whispering Brook Farm & Art Studio permission to use my child's/adult's/mentor's first name in:

Photos to be used in advertising and on the web

Videos to be used in advertising and on the web

I do not want my child/adult/mentor to appear in pictures of videos that will be made public

I do not want my child/adult/mentor to appear in any pictures or videos

*I acknowledge that there will be no monetary compensation for my child/adult/mentor appearing in photos or videos produced by Whispering Brook Farm & Art Studio. I know that I will have no editorial control over any aspect of photos and videos that my child/adult/mentor appears in. I understand that Whispering Brook Farm & Art Studio is not to be held liable in the event that appearing in photos and videos draws unwanted attention to my child/adult/mentor. I sign in full understanding of the above form and what it means for me and my child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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#### Release and Liability Agreement

We require a release and liability agreement because of the inherent risk associated with working closely with animals and participating in activities outside. If parents/guardians chose not to sign this form, acknowledging that Whispering Brook Farm & Art Studio cannot be held accountable to any injuries a child/adult/mentor may receive due to the nature of working with animals, the child will not be permitted to participate in any activities working closely with animals. Please read and discuss the safety regulations below with your child. We will assume that upon entering programs at Whispering Brook Farm & Art Studio that children will understand basic animal safety, and that children will be responsive to any necessary behavior corrections for the safety of the children, adults, mentors, and animals. Children may be removed from programming if dangerous behavior is not corrected.

#### Safety Regulations

The programs that we at Whispering Brook Farm & Art Studio offer involved programming outside and working closely with animals including, but not limited to, horses, goats, chickens, ducks, dogs, or any other animal on the grounds. Children/adults/mentors are asked to not carry loose items on or near any animals which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring the animals. Some examples are; cameras, hats not securely fastened under chin, toys, and purses. They must not make sharp noises, such as screaming or yelling, which may scare the animals. Parents/Guardians are asked to acknowledge that they are aware that working with animals always has the potential for injury.

Parents/Guardians are asked to verify that they understand that that Whispering Brook Farm & Art Studio is not responsible for total or partial acts, occurrences, or elements of nature that can scare an animal or cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, water, wild or domesticated animals, insects, reptiles, which may walk, run, or fly by or near, or bite or sting a animal or person; irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and manmade changes in landscape. These are conditions of nature that are out of the control of Whispering Brook Farm & Art Studio, and so Whispering Brook Farm & Art Studio is not liable for any injuries or damages that may occur due to the condition of nature.

In signing this form, Parents/Guardians will be acknowledging that they understand that Whispering Brook Farm & Art Studio cannot be held accountable for injuries received working with animals or due to the unpredictable nature of outdoor activities. This form verifies that Parents/Guardians are aware of the potential dangers involved with working with animals and outside in any programming that Whispering Brook Farm & Art Studio authorizes. The signing of this form confirms that Whispering Brook Farm & Art Studio is not liable for any injury that a child receives from an interaction with an animal without the supervision of a Whispering Brook Farm & Art Studio mentor as any official Whispering Brook Farm & Art Studio programs will have the supervision of an official mentor. In signing this form Parents/Guardians will be confirming that the farm's safety regulations and policies have been read, discussed with the child/adult/mentor, and both are in full understanding of all the regulations and know how to follow and implement them.



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This form is only to be signed by all parties with a full understanding that this document becomes a legally binding contract between Whispering Brook Farm & Art Studio and the family of the child, staff, successor or trustee, or manager, this document waives legal rights including, but not limited to release, discharge, indemnification, and promise not to sue.

Guest's Name (Print): \_\_\_\_\_ Guest's Signature: \_\_\_\_\_

Parent/Guardian's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Whispering Brook Farm & Art Studio Employee Verification:



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### Medical Form

Name of Child: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History (conditions, injuries, disabilities, etc. that we should know about): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact 1:

Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Relation to Child \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Relation to Child \_\_\_\_\_



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### Doctor Information

Name of Pediatrician: \_\_\_\_\_

Date of Last Pediatrician Visit: \_\_\_\_\_

Is your child up to date with their vaccines? (y/n): \_\_\_\_\_

Please list any other pertinent medical information we did not ask about here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*We ask that Parents/Guardians sign here to authorize that the above information above is accurate and up to date:*

Parent/Guardian's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (signature): \_\_\_\_\_

Employee's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name (signature): \_\_\_\_\_