

# Queen Natural Farm

Please fill out the following Liability Release Form in the required areas. Your typed name will be in lieu of a signature.

## LIABILITY RELEASE

I, the undersigned, individually and as a parent/guardian \_\_\_\_\_ , request to be admitted to participate in the Queen Natural Farm tour and/or visit. I do hereby agree to release, discharge and hold harmless the Queen Natural Farm, and their agents and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury or accident during participation at Queen Natural Farm. I also give permission for any photograph to appear in promotional material regarding this tour and/or visit.

**\* Required**

**1. Name \***

---

**2. Address \***

---

---

---

---

---

**4. City, State, Zipcode \***

---

**5. Phone Number \***

---

**6. Email Address \***

---

**7. Parent/Guardian Signature and Date Required \***

---

