

## Honeybee Experience Registration

Parent (Guardian)	_Email:		
Address	City, Sta	City, State, Zip	
Home#	Work#	Cell#	
Emergency contact name & number	(other than parent):		
Student(s) Name and Age	Class (Date/Title)	Fee	
	Total registi	ration(supply) and class fees paid:	
		CashCheckCC	
Abby's Organic Community Farm, I and assigns; for any accident or incitor acknowledged that the farm is outdot demanding physical abilities; and the nature, are dangerous and require to the same of	nc. (AOCF), the employees, volunte ident that results in any form of pe oors and thus subject to extreme ten hat the equipment, tools and maten extreme caution. I acknowledge th	y, I agree to indemnify and hold harmless ers, officers, and directors, successors, heirs rsonal injury, including death. It is hereby mperatures; may require certain strenuous an rial used in and around the farm, by their very is indemnification and hold harmless that may accompany me or attend classes while	
		be taken at any time for use on our website, hereby consent for that reproduction to be	
Signature	Date	·	
Additionally: I expressly give AOCF per	mission to release my child (children) to	the following people as directed:	
Name	Phone#	Relationship	