



Turn Back Time MINOR PARTICIPANT RELEASE, WAIVER AND CONSENT

(Must be signed by Parent(s)/Legal Guardian of participant under 18 years of age on the date of execution)

I, _____, as parent(s)/legal guardian(s) of _____, (the "Participant"), who has been approved to participate in *Turn Back Time Inc.*'s summer camp and/or other programs ("the Program"), acknowledge that I have received, read and understood the materials provided to me by *Turn Back Time, Inc.*, which describe the activities that the Participant will be engaged in while participating in the Program. I understand that participation in the Program involves working and playing in an agricultural setting and may present inherent risks and dangers associated with such a setting, such as being around animals and conditions associated with farm land and farming, and could result in injury, illness and/or loss of life to the Participant. I understand that *Turn Back Time, Inc.* takes reasonable precautions to prevent any of these adverse consequences against its participants, such as warning against risks and danger and educating its participants on how to handle potential problems. Nevertheless, I understand that these matters are largely, and at times, entirely beyond the control or influence of *Turn Back Time, Inc.*, and therefore, represent risks that I must seriously consider in executing this release and waiver.

Having been fully informed of such risks, I hereby agree for myself and the Participant, to assume the risks described above and therefore provide my consent for the Participant to participate in the Program. I further agree to hold harmless and release from any and all liability, *Turn Back Time, Inc.*, its directors, officers, employees, agents, volunteers, affiliates, sponsors and promoters, as well as their respective, directors, officers, employees, and agents (hereafter collectively known as "Turn Back Time and its Sponsors"), for any injury, illness or death to the Participant, arising out of or in connection with his/her participation in the Program. Also, to the fullest extent allowed by law, I hereby waive and discharge my and the Participant's rights, including those of our heirs or assigns, to any and all claims of damages for injury, illness or death to the Participant, or for loss or damage to his/her property, against Turn Back Time and its Sponsors, arising out of or in connection with the Participant's participation in the Program whether caused by negligence or not.

To the best of my knowledge, the Participant has no physical or medical condition which would in any way restrict or interfere with his/her ability to participate in the program, or that may present a danger to the wellbeing of the Participant or others. I agree that health insurance coverage for the Participant is my sole responsibility.

In case of an emergency, I hereby give permission for the person(s) leading or directing this activity (the "TBT leader") to use their best judgment in obtaining medical attention or treatment for the Participant if such attention or treatment is required during the program. I further give permission to the physician or other medical professional that is selected by the TBT leader, to render medical attention or administer medical treatment as the physician or medical professional deems appropriate and necessary. I also give permission for the TBT leader to render any assistance (e.g., first aid, CPR) to the Participant in the event of injury or illness.

I authorize the use of the Participant's image in Turn Back Time, Inc. media and promotional materials. Turn Back Time, Inc. will not divulge the Participant's name without written permission.

Signature of Participant's Father or Legal Guardian Date

Signature of Participant's Mother or Legal Guardian Date