



Family Farmyard

Grow Your Own Food and Literacy

Come learn food growing basics at Five Acres Farm. Improve your family's literacy and growing skills over three weekly visits. Use your skills to start your own garden at home.

Name _____ Phone number _____

Email Address _____

Total number of family members coming to farm:
(at least one parent/guardian must be on site) _____

Names and ages of children/ youth attending

Please list interests of children eg. bugs, plants, sports, drawing etc.

What literacy support do you need?

What do you want to learn about gardening?

Please list any allergies or sensitivities, if applicable:

Please list any special needs, if applicable:

Do you self-identify as Indigenous or Metis? Please specify, if applicable: _____

Please include any languages other than English spoken in the home: _____

Where did you hear about this program? _____

Participation Waiver and Release

Attendees Name(s):

Emergency Contact Number (During gardening class): _____

Please read, and if you agree to the statement, please initial each section and sign and date at the bottom of the page.

Participation Waiver

Liability Waiver: I give my family permission to participate in this activity, and recognize that this activity could present potential outdoor hazards, including but not limited to: cuts/bruises, slips/falls, insect bites, allergic reactions, and other injuries as a result of activities, products, and equipment used. I release the instructor, Nanaimo Foodshare Society and Literacy Central Vancouver Island, its Board, representatives, employees, volunteers, the city or any sponsors from any and all damages, causes of action, claims, and liability that might arise from my family's participation in this activity.

Initials of Parent/Guardian/Teacher/Organizer: _____

Media Release

Please check all that apply:

This material may be used in the form of

News Release or story

Photograph

Video

Audio

Other (please specify) _____

If the person being used in the material is under 19 years of age, a parent or legal guardian must sign this form.

I, _____ (please print), give my permission to Literacy Central Vancouver Island (LCVI) and Nanaimo Foodshare to use my name (or my child's name), image and audio for publicity purposes for LCVI and Nanaimo Foodshare.

By signing this form, I, _____ (please print) release LCVI and Foodshare from any financial or legal responsibility for the use of this in media relations/promotions material(s).

Print Name _____

Signature _____

Relationship _____

*If person giving permission is a parent or guardian, please state the relationship.