This form must be signed prior to visiting L’cajn Farm

We are very excited about your visit to L’cajn Farm!

And, are sure you will have a great time- it will be an experience you will never forget

1. We do have free range chickens. We ask that you do not attempt to pick up the chickens.
2. Please be sure to wear old clothing and shoes to the farm!
3. We often take photos and/or videos of the farm visitors interacting with stuff on the farm. These photos may appear on our website or facebook. We also encourage you to send us photos that you take at the farm, so that we may add them to our collection. Images may be emailed or text to cecil at [cecil@cajungrown.com](mailto:cecil@cajungrown.com) or 817-845-0098.

ATTENDANCE/PHOTOGRAPHY/VIDEO RELEASE

I wish to visit and/or participate in activities sponsored by L’cajn Farm, at 266 old Chisholm trail Rhome, Tx 76078. I understand that I do so at my own risk. I hereby release and waive all claims against L’cajn Farm and any entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuit, expenses and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of, or in connection with my visit or participation in any activity.

I further agree to hold harmless, indemnify and reimburse the Released parties from and for any sums, cost, or expenses incurred by any of the released parties or paid by them to any person in connection with any accident, loss, damage or injury sustained by me or others in connection with my attendance, at or participation in, the above described activity. This means I will reimburse the released parties if anyone makes a claim against them based on damages or injuries I may suffer.

I Hereby grant L’cajn Farm permission to use my likeness in a photograph in any and all of it’s publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of L’cajn Farm.

VISITOR/PARTICIPANT

Visitor name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VISITOR SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF VISITOR IS UNDER 18 YEARS OF AGE, PARENT MUST SIGN:

Parent name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rlationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_