



CREATING FERTILE GROUND TO NOURISH A HEALTHY AND INCLUSIVE COMMUNITY

P.O. Box 968 Clarksburg, MD 20871 | Phone 301-916-2216 | www.redwiggler.org
Contact: molly@redwiggler.org

Memo of Understanding

GROUP Name: _____

Medical Release

In the event that an emergency arise while visiting and/or volunteering at the Red Wiggler Community Farm requiring medical treatment, I authorize Red Wiggler to select and designate nurses, physicians, and/or surgeons to furnish medical and/or surgical care, and I authorize such surgical care as, in the judgment of a physician and/or surgeon holding a physician's surgeon certificate issued by the Board of Medical Examiners of the State of Maryland, as may be needed and proper. I absolve the RWCF and nurses, physicians, and/or surgeons selected and designated by them, from any and all liability for their acts rendered in good faith.

Date

Group Coordinator

Informed Consent

I recognize and understand that portions of our visit or the activities of our group volunteer project or projects at Red Wiggler may be hazardous. I hereby expressly and specifically assume responsibility for any injury or harm resulting from these activities and release and discharge the Red Wiggler and representatives thereof from any and all liability for property damage, injury, illness, or death resulting from any volunteer activity.

Date

Group Coordinator

Policies and Procedures (*For volunteer groups only*)

I have read and understand the policies and procedures of the Red Wiggler Community Farm and will explain them to my group prior to our first visit to the farm.

Date

Group Coordinator

____ **I grant** ____ do not grant permission for my group to be photographed for possible inclusion in a RWCF publication or other publications for the purpose of promoting RWCF.

Date

Group Coordinator

EMERGENCY CONTACT

Name: _____

Relationship: _____ **Daytime Phone #:** _____