



RED WIGGLER COMMUNITY FARM

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: darlene@redwiggler.org

Memo of Understanding

GROUP Name: _____

Date & Time of Visit: _____

Agreed Upon Total Fee: _____

Expectations of Group Coordinator

Red Wiggler Community Farm strives to deliver a positive, safe, healthy, and inclusive experience for each and every individual and group visiting the farm. In turn, I acknowledge the following: I have expressed permission from legal parents/guardians of participating minors to visit RWCF; while RWCF staff will facilitate the learning experience, I am responsible for all other aspects of managing my group, especially behavioral issues; it is my responsibility to accompany my group at all times and make a good faith effort to reinforce the educational experience presented.

Date

Group Coordinator

Informed Consent

I recognize and understand that due to the inherent nature of the farm experience, portions of our group's educational or volunteer visit may be hazardous. I hereby expressly and specifically assume responsibility for any injury or harm resulting from these activities and release and discharge Red Wiggler Community Farm and representatives thereof from any and all liability.

Date

Group Coordinator

Policies and Procedures (For volunteer groups only)

I have read and understand the Volunteer Policies and Procedures and will explain them to my group prior to our first visit to the farm.

Date

Group Coordinator

Media Release

I grant permission for my group to be photographed and filmed for possible inclusion in RWCF publications and media for the purpose of promoting RWCF. I will alert RWCF of any participants who do not have permission to be photographed. In turn, RWCF will always notify me when my group will be photographed or filmed and what the purpose is, and any individual's request not to be photographed will be honored.

Date

Group Coordinator

Emergency Contact Name: _____

Relationship: _____

Daytime Phone #: _____