

# QUILLISASCUT FARM

2409 PLEASANT VALLEY RD, RICE WA 99167 509-738-2011

## **Quillisascut Workshop Liability Waiver**

Visitor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Acknowledgement of Risk/Waiver and Release**

I, \_\_\_\_\_, acknowledge that I understand that the Farm is a working farm, with the attending inherent risks, and hereby release and discharge the Farm, its owners, employees, volunteers or agents from any and all liability arising from accident, injury, theft, or damages that may be sustained by me, or to any property belonging to me, while visiting the Farm. I further agree that I will not sue the Farm, its owners, employees, volunteers or agents for any liability arising from accident, injury, theft, or damages that may be sustained by me, or to any property belonging to me, while visiting the Farm.

This waiver shall continue for every visit by me to the Farm.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_