



RELEASE FOR COUNSELORS, INTERNS, AND VOLUNTEERS (**ADULTS**)

Name of Counselor/Intern/Volunteer: _____

I am signing this release on ____/____/____ (date). I affirm that as of today's date, I am at least 18 years old.

I am signing this release on behalf of any heirs, executors, administrators, successors, and assigns I may have. I, together with any such individuals, will be identified in this document as simply "Releasor."

The Barn at Spring Brook Farm, Inc., including its its successors and assigns will be identified in this document as simply, "Releasee."

In exchange for being allowed to participate in any activities at The Barn at Spring Brook Farm, Inc., Releasor, through my signature below, fully release and discharge Releasee from any and all claims, rights, and actions in law or equity which I, as Releasor, may now have, or may have in the future, arising out of my participation in activities at The Barn. This includes any claims for damage, loss or injury which Releasor may suffer.

Through my signature below, I, as Releasor, am freely and voluntarily releasing the the Releasee, as described above.

Signature of Releasor	
Date	

Signature of Witness	
Date	

PHOTOGRAPHY RELEASE

I give my permission for photographs and/or videos of myself to be used in any promotional or marketing materials for The Barn at Spring Brook Farm, Inc., including but not limited to The Barn’s Facebook page, The Barn’s YouTube channel, and The Barn’s website.

Signature of Releasor	
Date	

Signature of Witness	
Date	