

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____
("Participant"), acknowledge that I have voluntarily applied to participate in the following events at Sierra Shadows Farm LLC (dba Sierra Shadows Lavender and Honey et al)

Painting, making wreaths, working with lavender in wreaths, wands, and other various crafts, utilizing shears, clippers, and other sharp objects to cut lavender and other materials in craft making process, interacting with live plants and pollinators that could cause allergic reactions, interacting with farm animals and potential for allergic reactions, and the consumption of an alcoholic beverage during some of these events.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

**I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if under 18): _____**

As consideration for being permitted by the event, the State of Nevada ("State"), the County of Douglas (the "County"), and any lessor of the event premises ("Lessor"), to participate in these activities and use the event premises and facilities, **I forever release Sierra Shadows Farm LLC and/or its owners, the State, the County, the Lessor, any event affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.** I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND SIERRA SHADOWS FARM LLC, THE STATE, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them. Executed at _____, on _____, 202____.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature _____
Address: _____

Signature _____
Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.