



**HEIFER**<sup>®</sup>  
INTERNATIONAL

Learning Center at  
Overlook Farm

Heifer International Learning Center at Overlook Farm

216 Wachusett Street | Rutland, MA 01543-2099

T: 508.886.2221 | F: 508.886.5038 | Email: joan.richards@heifer.org | www.heifer.org

## LEARNING CENTER AT OVERLOOK FARM 2010 LIVESTOCK BIRTHING PROGRAM

Thank you for your interest in the Women's Livestock Birthing program at the Heifer Learning Center at Overlook Farm. We are excited to offer this opportunity to witness birthing on a farm as well as to explore a deeper understanding of the issues of hunger and poverty on our planet. We look forward to another beautiful spring in Massachusetts and the birth of the baby animals.

As we all know, there is nothing exact about this birthing business. Therefore, we cannot guarantee there will be births during ANY of these programs. We do not induce labor.

### **Session Fee:**

**\$325 (includes programming, lodging & meals – dinner the first night to lunch on the last day)**

- Transportation to and from Overlook Farm is NOT provided.
- Registrations are on a "first come – first served" basis and will only be confirmed upon receipt of full payment of \$325 per participant.

### **Cancellations & Refunds**

- If you cancel PRIOR to December 1, 2008, Overlook Farm's reimbursement policy is that we will refund 80% (or \$260) of your registration. We retain 20% (\$65) as a processing fee.
- If you cancel AFTER December 1, 2008, we will not refund any portion of your registration fee.
- In the case of extenuating circumstances, please contact the Scheduling Coordinator at (508) 886-2221

### **There are two ways to register\*:**

1. **Mail in your registration:** Send in completed forms with full payment. You may send in your registration as soon as you receive this packet to Heifer Learning Center at Overlook Farm, Joan Richards, 216 Wachusett Street, Rutland, MA 01543.
2. **Call to register – 508-886-5002.** We will begin taking phone registrations: **August 1, 2009.** Payment must be made with a credit card. You must speak with Joan Richards in person. No phone messages please.

**\* You must be 18 or older to register.**

**REGISTER EARLY – SPACES FILL QUICKLY**

### **Confirmation Packet**

You will be sent a confirmation e-mail or a mailed confirmation packet (if you don't use e-mail) within 3 working days of receipt of your registration.

We are very excited about our birthing experience programs. Please feel free to e-mail or call if you have any questions or concerns.

Thank you,

Joan Richards  
Administrative Assistant  
Heifer Learning Center at Overlook Farm  
216 Wachusett Street  
Rutland, MA 01543  
Telephone: 508-886-5002  
Fax: 508-886-5038  
Joan.richards@heifer.org



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## WOMEN'S LIVESTOCK BIRTHING PROGRAM 2010 REGISTRATION FORM

1 <sup>st</sup>	2 <sup>nd</sup>	Choice (Please check one 1 <sup>st</sup> choice and one 2 <sup>nd</sup> choice)	
<input type="checkbox"/>	<input type="checkbox"/>	Session 1	February 6-9, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 2	February 9-12, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 3	February 22-25, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 4	February 25-28, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 5	March 26-29, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 6	March 29 – April 1, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 7	April 5-8, 2010
<input type="checkbox"/>	<input type="checkbox"/>	Session 8	April 8-11, 2010 (Reunion for Alumni only)

*\* You must be 18 or older to register.*

Name

Address

City

State

Zip

Home Phone:

Cell Phone:

Work Phone:

E-mail

### Payment Options:

**Session Fee: \$325 per participant (includes programming, lodging & meals)**

1. Please make checks payable to: *Heifer International*

2. Please charge my  Visa or  Master Card

Card #

Exp. Date

Name as it appears on card:

- o **Cancellation/Refund Policy:** If you cancel PRIOR to December 1, 2009, Overlook Farm's reimbursement policy is that we will refund 80% (or \$260) of your registration. We retain 20% (\$65) as a processing fee. If you cancel AFTER December 1, 2009, we will not refund any portion of your registration fee. In the case of extenuating circumstances, please contact the Scheduling Coordinator at (508) 886-2221

**Please mail or email completed registration form and payment to:**

**Joan Richards, Heifer Learning Center at Overlook Farm,  
216 Wachusett Street, Rutland, MA 01543**

**Phone: (508) 886-5002 • Fax: (508) 886-5038 • E-mail: joan.richards@heifer.org**

## ***EMERGENCY MEDICAL INFORMATION***

### **Participant Information:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list the following:

\*Bunk Preference:      top                   bottom                   either

*\* We do our best to accommodate your need/preference of bunk. We do, however, have a limited number of bottom bunk spaces available, so if you can accept a top bunk if necessary, please indicate "either". Thank you!*

Medical conditions: (please list) \_\_\_\_\_

Allergies: (for example, airborne, skin contact, drugs, insect bites, etc.) \_\_\_\_\_

\*\*Dietary Needs/Restrictions (please check all that apply):

- |                       |                          |                               |
|-----------------------|--------------------------|-------------------------------|
| Gluten free           | <input type="checkbox"/> | specifics if necessary: _____ |
| Lactose intolerant    | <input type="checkbox"/> | specifics if necessary: _____ |
| Seafood allergy       | <input type="checkbox"/> | specifics if necessary: _____ |
| Nut allergy           | <input type="checkbox"/> | specifics if necessary: _____ |
| Vegetarian preference | <input type="checkbox"/> | specifics if necessary: _____ |
| Kosher                | <input type="checkbox"/> | specifics if necessary: _____ |
| Other                 | <input type="checkbox"/> | please describe: _____        |

*\*\*We offer one meal for each lunch and dinner which includes delicious produce and meat grown right here at Overlook Farm. We strive to provide you with tasty, wholesome meals that reflect your specific needs.*

### **In Case of Emergency Contact:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Alternative Phone Contact: \_\_\_\_\_

### **Physician Information:**

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Insurance:** Heifer Project International requires each participant to be covered by sufficient health insurance. This coverage may be provided by a policy carried by the participant, a parent, a spouse, or the sponsoring organization (church, school, employer, etc.).

Insurance Company \_\_\_\_\_ Effective Date \_\_\_\_\_

Group I.D. Number \_\_\_\_\_ Individual I.D. Number \_\_\_\_\_

Pre-admission Certification Phone Number: \_\_\_\_\_

**Medical Release:** In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and/or treatment that is deemed necessary by Heifer Project International staff or any paramedic, nurse, physician, or dentist.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Heifer Learning Center at Overlook Farm Waiver

Participant's Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

TYPE OF PROGRAM: Field Trip or Overnight

PROGRAM DATE(S) \_\_\_\_\_

### HEIFER INTERNATIONAL / OVERLOOK FARM DISCLOSURE AND ACKNOWLEDGEMENT OF RISK

Heifer International's educational programs utilize experiential and adventure education to help participants "learn by doing." The programs are supervised by qualified instructors who have been trained in group facilitation techniques and approved safety procedures. All activities are presented on a "Challenge by Choice" basis. This means that participants choose their own level of participation.

The program activities are designed to be within the capability of anyone who is in reasonably good health. Prospective participants who are not in good health, who have pre-existing medical conditions, or who have questions about their current state of health should consult with their physician before participating. Consultation with a physician is recommended if you have any of the following conditions: nervous system disorders (epilepsy, seizures, etc.), heart disease, respiratory problems (asthma, emphysema, etc.), back or neck injuries, pregnancy, recent bone or joint injuries, recent surgeries, or judgment-impairing medications.

The staff will take every reasonable precaution to assure participants' safety. However, any outdoor activity includes unforeseeable risks, including poisonous plants, wild or domestic animals, slips and falls, cuts, bruises, sprains, fractures, and exposure to the elements. The undersigned knowingly and voluntarily assumes all risks of injury arising out of, or in connection with, the programs, whether or not such risks are specifically foreseeable, including without limitation the following:

1. Physical Exhaustion
2. Exposure to Heat or Cold
3. The Farm Facilities

In addition, MA WARNING: Under Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of Chapter 128 of the General Law.

The undersigned covenants that he or she will not sue Heifer Project International or otherwise pursue any claims for any risks or injuries identified in this document or otherwise arising out of the programs. The undersigned agrees to indemnify Heifer International, and provide a defense, against any and all claims for any risks or injury arising out of, or in connection with, the programs.

Further, Heifer Project International is hereby authorized to use the participant's likeness, through the use of, but not limited to photography, video, or film, for future promotional or public relation use, as deemed appropriate and beneficial to Heifer Project International and the undersigned releases any and all claims for compensation or damages for use of such images. Heifer Project International is hereby authorized to use the participants name and address for promotional purposes by Heifer Project International and/or one of its learning centers.

The undersigned hereby certifies that he or she releases any and all rights or claims for damages against Heifer Project International, its employees, agents, and all individuals assisting in instruction and the conducting of programs, from all liability of any nature for any and all injuries, loss, or damage suffered by the undersigned.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required if participant is under 18)