

## *Foresthill Community Garden Use Agreement and Release From Liability*

- 1. Voluntary Participation:** I acknowledge that I have voluntarily applied to participate in the Foresthill Community Garden ("Project"), a project in which landscaping, gardening and related activities will be performed on property belonging to the County of Placer by volunteers and paying tenants, and in coordination with the Foresthill Community Development Council ("FHDCDC"). I acknowledge that in addition to any insurance I may carry myself, FHDCDC's liability and/or volunteer insurance may apply to me while I perform authorized Project activities and that I must promptly report to FHDCDC all injuries to me occurring during the performance of such activities. I hereby waive any and all claims against the County of Placer and FHDCDC, or their officers, agents, and employees, for damage or injury to myself or any other persons or property, whether mine or another's, which may occur as a result of my participation in the Project. I further acknowledge that I will not be covered by or eligible for any other insurance coverage provided by the County of Placer, FHDCDC, or any other Project volunteers, including, but not limited to worker's compensation, medical, property and liability insurance. I further agree that my participation in the Project may be terminated at any time by the County of Placer or FHDCDC, or by me.
  
- 2. Assumption of Risk:** I AM AWARE THAT, IN PARTICIPATING IN THE PROJECT, I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY AS A RESULT OF MY ACTIVITIES, THE ACTIVITIES OF OTHER PARTICIPANTS, OR THE CONDITIONS UNDER WHICH MY ACTIVITIES ARE PERFORMED. WITH KNOWLEDGE OF THESE RISKS, I AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY, AND I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_
  
- 3. Release:** In consideration of the opportunity afforded me to participate in the Project, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives, will not make any claim against the County of Placer, FHDCDC, any affiliated organizations, or their officers, directors, or employees, or the suppliers of any materials or equipment that are used during the Project, any of the Project volunteers or sponsors, for injury, death or damage resulting from the acts or omissions of any person or entity, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury to me or my death, or damage to my property, sustained in connection with my participation in the Project; provided, however, that the injury, death or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent. I further consent to the unrestricted use by the County of Placer, FHDCDC and/or any person authorized by them of any photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Project.
  
- 4. Knowing and Voluntary Execution:** The Undersigned acknowledges that he/she has read the foregoing three paragraphs, and is fully aware of the legal consequences of signing the within instrument. He/she also acknowledges that he/she is aware of and assumes all risks in using the plot for gardening. To the extent he/she participates in such activities, he/she does so voluntarily and he/she assumes full responsibility for any loss and/or inconvenience resulting from an injury to him/herself and/or property resulting therefrom. By signing this agreement, I certify that I am eighteen years of age or older.

Executed on (date) \_\_\_\_\_

\_\_\_\_\_  
Participant (Signature)

\_\_\_\_\_  
Address (please print)

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
City, Street, ZIP

\_\_\_\_\_  
Signature of parent or legal guardian if volunteer is not  
eighteen years or older.

\_\_\_\_\_  
Telephone number including area code.

Affiliation or Organization (as applicable) with: \_\_\_\_\_