

RELEASE OF ALL CLAIMS FORM



For participation in the GARLAND COMMUNITY GARDEN, Loving Garland Green meetings, programs, or any related Loving Garland Green sponsored activity. All members of Loving Garland Green and any resident participating in our sponsored activities or programs such as "Another Urban Garden", must sign this form prior to participation in any activity.

I, _____ am a participant in the Garland Community Garden located at 4022 Naaman School Road. As a condition of being allowed to participate in the Garland Community Garden, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the Garland Community Garden and assume any expense and liabilities I incur in the event of an accident, illness or other incapacity. If I have had any questions about the Community Garden, its nature, risks or hazards, I have contacted the garden coordinator and discussed these questions with him or her to my satisfaction.

2. In consideration of being granted the opportunity to participate in the Garland Community Garden, I, for myself, my executors, administrators, agents and assigns do hereby release and forever discharge Loving Garland Green members, officers, volunteers, and other gardeners from all claims of damages, demands and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in any activity at the Garland Community Garden as well as any activity sponsored elsewhere by Loving Garland Green.

I understand this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs I may incur.

I represent and certify that my true age is either 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release. I fully understand it, and I agree to be legally bound by it.

SIGNATURES

Participant's Signature _____

Printed Name: _____

Date: _____

Parent/Guardian's Signatures: _____

Printed Name: _____

Date: _____