

Release of Liability, Waiver of Claims, Indemnity Agreement

(Please read this carefully before signing.)

2020 Foodscaping Utah Events

I acknowledge that I have voluntarily agreed to participate in the “Scape”, a garden creation workshop (garden class) presented by Foodscaping Utah, a volunteer group of people interested in furthering the development of home fruit and vegetable gardening

1. I fully recognize the inherent hazards and risks associated with gardening, an outdoor activity, and I voluntarily assume all risks associated with my participation, including injury, personal property damage or loss, up to and including death. The dangers that I may encounter include, by way of example only and without limitation: e.g., exertion, cutting, scratching, bumping, scraping parts of my body, tripping, falling, mis-stepping, spraining an ankle, being hit, cut, or in any way injured by a tool lying on the ground or leaning on an object, or held by myself or another participant, being exposed to sudden weather changes, being exposed to sunlight, contacting material which may produce an allergic reaction, being stung by bees or wasps, or pricked or poked by plants, getting things in my eyes, ears, nose, mouth.

2. I understand it is my responsibility to educate myself on the use of any equipment I am to use in the activity. I understand I need to wear appropriate clothing, including shoes, gloves, and sunscreen. I am in good health, and am not aware of any physical or medical condition that might endanger me or other participants in the activity.

3. I unconditionally release Foodscaping Utah, the members of the group, the resident-host of the Scape (gardening workshop), and all other volunteers participating in this day’s activity from all claims for loss, injury, illness or death occurring and/or related to participation in this activity, including during traveling for the purpose of collecting necessary garden materials, e.g. compost, mulch, fertilizer, etc.

_____ **PRINT NAME**

_____ **SIGNATURE**

_____ **E-MAIL ADDRESS**

Date: _____ Address: _____

Release of Liability, Waiver of Claims, Indemnity Agreement (with parental consent)

(Please read this carefully before signing.)

I acknowledge that I have voluntarily agreed to participate in the “Scape”, a garden creation workshop (garden class) presented on by Foodscaping Utah, volunteer group of people interested in furthering the development of home fruit and vegetable gardening.

1. I fully recognize the inherent hazards and risks associated with gardening, an outdoor activity, and I voluntarily assume all risks associated with my participation, including injury, personal property damage or loss, up to and including death. The dangers that I may encounter include, by way of example only and without limitation: e.g., exertion, cutting, scratching, bumping, scraping parts of my body, tripping, falling, mis-stepping, spraining an ankle, being hit, cut, or in any way injured by a tool lying on the ground or leaning on an object, or held by myself or another participant, being exposed to sudden weather changes, being exposed to sunlight, contacting material which may produce an allergic reaction, being stung by bees or wasps, or pricked or poked by plants, getting things in my eyes, ears, nose, mouth.

2. I understand it is my responsibility to educate myself on the use of any equipment I am to use in the activity. I understand I need to wear appropriate clothing, including shoes, gloves, and sunscreen. I am in good health, and am not aware of any physical or medical condition that might endanger me or other participants in the activity.

3. I unconditionally release Foodscaping Utah, the members of the group, the resident-host of the Scape (gardening workshop), and all other volunteers participating in this day’s activity from all claims for loss, injury, illness or death occurring and/or related to participation in this activity, including during traveling for the purpose of collecting necessary garden materials, e.g. compost, mulch, fertilizer, etc.

Parental Consent (To be completed if participant is under 18 years of age)

I give my consent for my son/daughter to participate in the above activity, and I execute the above liability release on his/her behalf.

_____ **PRINT NAME**

_____ **SIGNATURE**

_____ **E-MAIL ADDRESS**

Date: _____ Address: _____
