

Gold Circle Gardens Gardening Co-op

Liability Waiver & Release Form

Participant Information

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Release of Liability and Assumption of Risk Agreement

I, the undersigned participant (or legal guardian of a minor participant), understand and acknowledge that participation in the Gold Circle Gardens Co-op gardening activities involves physical labor and exposure to outdoor elements, tools, wildlife, and other inherent risks, including but not limited to:

- Injury from use of gardening tools and equipment
- Insect bites, allergic reactions, or contact with plants
- Uneven terrain, holes, or natural hazards
- Exposure to sun, heat, or inclement weather
- Interaction with other participants or animals
- Accidents or injuries due to my own or others' negligence

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By signing this form, I agree to assume all risk of injury, illness, damage, or loss that may arise from my participation in any activity at Gold Circle Gardens. I further agree:

1. Release of Liability: I release and hold harmless Gold Circle Gardens, its owners, staff, agents, volunteers, and property owners from any and all liability, claims, demands, causes of action, or expenses (including legal fees) that may arise from participation in gardening activities or presence on the property.
2. Medical Treatment: In case of injury or emergency, I consent to receive first aid or medical treatment deemed necessary. I understand I am responsible for all costs associated with such care.
3. Property Damage: I agree to use all tools and equipment responsibly and return them in good condition. I will be responsible for damage caused by misuse or negligence.
4. Photographs/Media: I grant permission for Gold Circle Gardens to use photographs or video footage of me or my work for educational, promotional, or marketing purposes without compensation.
5. COVID-19 and Communicable Diseases: I acknowledge the contagious nature of illnesses and voluntarily assume the risk that I may be exposed during participation. I agree not to attend if I am experiencing symptoms or have tested positive within the last 5 days.

6. Indemnification: I agree to indemnify and defend Gold Circle Gardens against any and all claims, causes of action, damages, costs, or expenses, including attorney fees, arising from or related to my

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participation.

Signature

Participant's Signature: _____ Date: _____

(If under 18, parent or guardian must sign below)

Parent/Guardian Name: _____

Signature: _____ Date: _____ Page 3