

WAIVER AND RELEASE OF LIABILITY

Plot Maintenance at the Community Garden

Name(s): _____

Address: _____

Phone: _____

Zip Code: _____

For Participant(s):

I, the undersigned, understand that the Winters Community Garden, sponsored by the City of Winters, involves physical activity. I further understand that accidents can occur during unsupervised gardening activities and that participants can occasionally suffer serious injury and / or death. **I HEREBY ASSUME THESE RISKS OF PARTICIPATING AT THE WINTERS COMMUNITY GARDEN.**

In return for allowing me to participate, I hereby waive, release, and discharge any and all claims for damages of death, personal injury, disability or property damage or vandalism of any kind which may hereafter accrue to me as a result of my participation in this activity. This release is expressly intended to discharge in advance all liability arising out of, or connected in any way, my participation in this activity. **THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS AND VOLUNTEERS.**

I further agree to indemnify and hold harmless the entities and person-herein released from any and all claims made by other individuals or entities as a result of any of my actions during my participation in this activity / event.

This Waiver and Liability Release shall apply to me, as well as anyone assisting me in this activity, my family, my heirs, executors, or administrators.

By my signature below, I hereby certify and acknowledge that I have read this document and understand its content. I am aware that it is a full release of liability on behalf of the City of Winters, and sign it on my own free will.

Signature

Date

Signature

Date