

L.A. GREEN GROUNDS
Garden Keepers
Release of Liability, Waiver of Claims, Indemnity Agreement

(Please read this carefully before signing.)

Volunteer Service Date(s): _____

Location: LA Green Grounds Teaching Garden
Good Earth Community Garden (Carmona Ave & Boden St.), Los Angeles, CA 90016

I, _____, acknowledge that I have voluntarily agreed to participate in gardening and/or maintaining the LA Green Grounds' teaching garden.

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, including death. The dangers that I may encounter include, by way of example only and without limitation: e.g., 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 have been instructed in and understand the use of any equipment I am to use in the activity. I have been told to wear appropriate clothing, including shoes, gloves, and sunscreen, and assume all risks if I do not wear them. 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 the members of L.A. Green Grounds and all other volunteers participating in activities associated with volunteering in the Teaching Garden 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.

PRINT NAME _____

SIGNATURE _____

Enter initials in box if you grant permission for LA Green Grounds to use your likeness in photographs/videos taken at LAGG activities for organization's promotional purposes.

Date: _____ E-MAIL ADDRESS _____

Address: _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE # _____