

LIABILITY WAIVER Volunteer Participation Release



I acknowledge that I have voluntarily chosen and hereby give permission for myself/my child to participate in activities conducted/organized by Sustainable Bellingham/Salish Seed Guild/Inspiration Farm. I hereby certify that I am aware that my participation with Sustainable Bellingham may involve difficult conditions, uneven terrain, unanticipated hazards (natural and/or human-caused), use of equipment/tools, and or strenuous physical labor. I hereby understand and agree that Sustainable Bellingham, directors, officers, operators, agents, employees, instructors, and staff together with unnamed assistants, shall not be held liable in any way for any occurrence in connection with any accident, injury, or occurrence to myself or the above-named participant in connection with the activities unless the it is as a result of the negligence on the part of the above-referenced entities and persons. I further hereby waive and release any claim for personal injury or death against the above-referenced entities and persons, and any and all damages to me, the above-named participant, my estate, my family, heirs and assigns. I hereby personally assume all risks in connection with said activities, whether foreseeable or unforeseeable and further to save and hold harmless said program, entities, and persons from any claim by me, the above-named participant, our families, estate, heirs and/or assigns arising out of my or the above-named participant's enrollment and participation in this program. I further agree to indemnify the abode named entities for all claims, demands, costs, or judgments arising out of my own acts or omissions arising from my participation. I further state that I am of lawful age and legally competent to sign this affirmation and release.

Photo Release

I hereby give permission for the above staff and/or any person acting on their behalf to photograph myself/child and allow use of these pictures as it sees fit. I release all publication rights to said photos.

Medical Release

I hereby give permission to Sustainable Bellingham staff and/or any person acting on their behalf to authorize medical treatment for my child/and/or myself in the event of a medical emergency.

I have fully informed myself of the content of this agreement by reading it before I sign.

Participant Name (Print): _____ date _____

Sign _____

list any serious medical conditions _____

Emergency contact number: _____