



WASATCH
COMMUNITY
GARDENS

PARTICIPANT WAIVER

I hereby release and discharge the owner(s) of the land used with Wasatch Community Gardens Program: Wasatch Community Gardens and its employees and directors, Salt Lake City Corporation, Salt Lake City Redevelopment Agency, and Salt Lake County from any bodily harm or damage or loss of whatever kind arising from, or in any manner or form connected with the Wasatch Community Gardens' programs.

I have read [WCG's Garden Policies](#), which include adherence to the organic standards, no chemical fertilizers or pesticides, not altering the garden drip system or common areas of the garden without permission from Wasatch Community Gardens, and respectful community behavior. I understand that failure to comply will result in the loss of my gardening privileges.

FULL NAME*	ADDRESS*	SIGNATURE*	DATE*

*Required



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Garden Visit Liability, Medical, Data Collection, and Photo Waiver

Group Name: _____

I, _____, the guardian of the group named above, hereby agree to the following:

1. I consent to emergency medical care of group participants by Wasatch Community Gardens and its employees, or healthcare providers designated by them, in accordance with their best judgment.
2. I give permission to Wasatch Community Gardens to use photos, film, and/or quotes of my group for promotional materials, including the Wasatch Community Garden website. I will notify Wasatch Community Gardens of any child that does not have permission to be photographed.
3. I understand that Wasatch Community Gardens may collect data about the participants' experiences to use for program evaluation purposes.
4. I release Wasatch Community Gardens, its employees, agents and board of directors from all claims for injury to my group or damage to my group's property which may result from or occur during participation in the garden visit, and I will indemnify Wasatch Community Gardens and its employees, agents and board of directors for any liability for injury to any person and damage to property caused by my group's negligent or intentional act or omission.

General Release and Release Consent for Medical Treatment

As the guardian of the participants, I hereby consent that my group may participate in the Wasatch Community Gardens Group Visit and hereby state that the information contained herein is true and complete.

1. Release. Recognizing the possibility of physical injury associated with Wasatch Community Gardens Group Visit Program, I hereby release and agree to hold harmless and indemnify including legal cost, as a result of my group's participation in the program.
2. Emergency Medical Care. I hereby give my consent for emergency medical treatment by Wasatch Community Gardens' employees or health care provider(s) designated by them, in accordance with their best judgment.
3. Insurance. I understand that I should have health and accident insurance to cover injuries that may arise from participation in the group visit.

Guardian Printed Name: _____

Guardian Signature: _____

Date: _____