# Community Gardens of Santa Clarita
# Waiver

I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury or losses including death, as well as from past, present and future claims for property damage which may arise in connection with me or my family or my guest(s) activities against the Community Gardens of Santa Clarita and its elected and appointed officials, agents, gardeners, and the City of Santa Clarita. I hereby consent to treatment for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the Community Gardens of Santa Clarita to use my, or my children's, family or guest's photographs, as they see fit in their volunteer materials, and website. I understand the photograph belongs to the Community Gardens of Santa Clarita and I will not receive payment of any kind.

By signing this, I agree to the terms of this Waiver.

Full Name (Please Print): _____ _____
(Last Name) (First Name)

(Signature): _____ Date: _____

Address: _____

_____

Additional designees: (Please Print Name) - 1: _____

- 2: _____

- 3: _____

- 4: _____

- 5: _____

**Community Garden Member:**

I have witnessed the signature of this release as of the date written below.

Full Name (Please Print): _____

Signature: _____ Date:_____