

Good Hope Farm

FARM VOLUNTEER/PROGRAM PARTICIPANT RELEASE AND WAIVER

I understand that Piedmont Conservation Council (PCC) provides opportunities for individuals and/or groups (hereinafter "Participant") to participate in farm volunteer and outreach/education program events. I and/or my child wish to participate in an event at the Good Hope Farm program by participating in activities on the farm. I understand that as a volunteer, I will not be paid for my services. I understand that by participating in any Good Hope Farm program, I may be exposed to bodily injury, disability, death, or damage to any of my property that I may bring to the volunteer site. I understand that participating in any Good Hope Farm activity involves risks that include inclement weather or excessive heat, proximity to vehicles or equipment, contact with and actions of other participants and/or the public, slips/trips/falls, repetitive motions and/or heavy lifting, and exposure to wildlife (including snakes and biting insects), among others. I choose for myself or for my child to participate in Good Hope Farm event activities despite the risks. By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in this activity. I acknowledge and agree that PCC, or other Good Hope Farm project partners, may take photographs, recordings, or videos or ask interview questions of individuals or groups participating in Good Hope Farm activities and may use these materials to publicize the program and for other related purposes. I also agree for myself and for any child participant to follow all rules and procedures that apply to the activity and to follow the reasonable instructions of the participant's group leader. In return for the opportunity described above, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from PCC, its officers, employees or agents, for injury, illness, or death resulting from the activity. If I am allowing a child to participate in the activity, I agree that I am a parent, legal guardian, or am otherwise responsible for the child who is participating, and I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in this activity. I also agree not to sue PCC, its officers, employees or agents, and agree to hold harmless and indemnify PCC, its officers, employees, or agents, for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in this activity. I understand that PCC does not provide insurance or worker's compensation coverage for me or for my child. I have read this document thoroughly and understand its terms. I have been able to ask questions about the activity and they have been answered to my satisfaction. I execute this voluntarily and understand that by signing this form I am waiving legal rights.

Name (Please Print): _____
Signature: _____ Date: _____ If
Volunteer is a Minor (Under 18 Years of Age): Minor Name (Please Print): _____

Parent/Guardian Name (Please Print): _____
Parent/Guardian Signature: _____ Date: _____

Thank you for volunteering! Please tell us how you heard about this project. Check all that apply:
____ Town of Cary ____ local listserv ____ Facebook ____ Twitter ____ word of mouth
____ other (please specify) _____