



**TOWN OF PONCHA SPRINGS
COMMUNITY GARDEN PROGRAM
ADVISEMENT OF RISK, RELEASE AND MEDICAL AUTHORIZATION**

Please read this form carefully and be aware that in registering for participation in this Community Garden Program, you are advised of the risks which you may experience as a result of participating in this program.

The Poncha Springs Community Garden Program is an activity in which, despite preparation, instruction, medical advice, conditioning and equipment, there is still a risk of injuries such as the following.

This list is by no means complete or exclusive, but includes:

1. Muscle strain and other muscle injuries.
2. Foot problems
3. Heat stroke or heat exhaustion

I release all claims which may arise against, and agree not to sue, the Town of Poncha Springs and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in the program.

I further agree to indemnify, hold harmless and defend the Town of Poncha Springs and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages and losses caused by me arising out of, connect with, or in any way associated with the activities of the Program.

In the event of any emergency, I authorize Town officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Participant's Name _____ Birth Date _____ Age ____ M__F__

Participant #2 _____ Birth Date _____ Age ____ M__F__

Participant #3 _____ Birth Date _____ Age ____ M__F__

Participant's Signature(s) _____

Address _____ Phone _____

I understand that photographs may be taken by the Town of Poncha Springs. I grant the Town of Poncha Springs permission to use my likeness in photograph(s) in any and all publications and in any and all other media now and in the future. I will make no monetary or other claim against the Town concerning the photograph(s).

Photo Release (please initial) _____ Yes _____ No

***Must be 18 to rent a plot, children must be accompanied by an adult.**