



**FAMILY AND FRIENDS WAIVER FORM
MASTER GARDENER FOUNDATION OF THURSTON COUNTY**

ASSUMPTION OF RISK

I understand that there are risks in participating in activities and educational workshops with the Master Gardener Foundation of Thurston County (MGFTC). In consideration for, and as a condition of being allowed to participate in this activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury or loss or damage to my property. I understand that there may be risks that MGFTC cannot predict or foresee and I assume full responsibility for those risks.

Risks in participating in Foundation activities include but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage; severe head, brain, neck or spinal injuries; loss of use of arms and/or legs; eye damage; disfigurement, and death. I recognize there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from MGFTC activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to myself or property.

EMERGENCY MEDICAL RELEASE

In an emergency requiring medical attention or a situation reasonably believed by MGFTC authorized agents to be an emergency, I authorize MGFTC and its authorized agents to obtain medical care if I am unable. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. I hold harmless and agree to indemnify the Foundation and its authorized agents from decisions to seek emergency treatment.

RELEASE OF LIABILITY

I release the MGFTC and its agents from any and all liability, claims, costs, expenses, injuries and/or to person or property which I may sustain as a result of participation in the above program and/or event. My participation includes but is not limited to: travel to and from the event in private or public vehicle, any activity connected with the program/event itself, and use of state or county equipment or facilities.

I have carefully read this document, understand its contents, and am fully informed about this program/event and its circumstances. I enter this contract freely and voluntarily.

Participant Signature: _____ Date: _____

Participant Full Name (print): _____

Emergency Contact Name and Phone

MG or MRC hosting you today