

St. John Community Garden Participation Agreement

Sponsor Information:

St. John Lutheran Church
1193 Lakefield Rd.
Grafton, WI 53024
262 377-0410
Coordinator – Robin Fatla

Participant Information:

Name _____

Address _____ Phone _____

Phone (Daytime) _____ (Cell) _____

Email address _____

Name and phone of emergency contact _____ Phone _____

If needed, is sponsor authorized to approve medical treatment? _____ Yes _____ No

Participation Agreement:

I acknowledge that participation in the community garden involves risk to the participant and participant's minor children and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the community garden, the participant and participants minor children, acknowledge and accept the risks of injury associated with participation in and transportation to and from the garden. The participant accepts personal financial responsibility for any injury or other loss sustained during time at the garden or during transportation to and from the garden, as well as any medical treatment rendered to the participant and participants minor children, that is authorized by the garden sponsor or its agents, employees, volunteers, or any other representatives. Further, the participant releases and promises to indemnify, defend, and hold harmless the garden sponsor for any injury arising directly or indirectly at the garden or transportation to and from the garden, whether injury arises out of the negligence of the sponsor, the participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

Signature: _____ Date: _____

Signature: _____ Date: _____