

## Waiver of Liability (Individual Participant)

Community Garden Name: \_\_\_\_\_

City Property Site and Address: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_ (Print Name), residing at \_\_\_\_\_, hereby agree to waive, release, and discharge from any and all liability, and hold harmless the City of Tallahassee and all of its officials, employees, volunteers, and representatives, from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees and costs) arising out of or connected with my participation in the City of Tallahassee's Community Gardening program located at \_\_\_\_\_ (City property). I warrant that I have read this Waiver of Liability in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will.

Signature of Garden Participant: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

*\*\*\*Each individual gardener participating in the Community Gardening Program must file a waiver of liability.\*\*\**

## Waiver of Liability (Adopter Group)

Community Garden Name: \_\_\_\_\_

City Property Site and Address: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, \_\_\_\_\_ (Print Name of Organization/Corporation/Entity), located at \_\_\_\_\_ (City property), hereby agrees to waive, release, and discharge from any and all liability, and hold harmless the City of Tallahassee and all of its officials, employees, volunteers, and representatives, from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees and costs) arising out of or connected with \_\_\_\_\_'s (Name of Organization) participation in the City of Tallahassee's Community Gardening program located at \_\_\_\_\_ (City property).

I warrant that I am the primary representative of \_\_\_\_\_ (Name of Organization), have the authority to execute this Waiver of Liability on behalf of \_\_\_\_\_ (Name of Organization), and bind \_\_\_\_\_ (Name of Organization). I have read this Waiver of Liability in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will. I am signing this Waiver of Liability on behalf of \_\_\_\_\_ (Name of Organization).

Name of Organization: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Signature of Primary Contact: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_