CITY OF LAFAYETTE
WILSON COMMUNITY GARDENS PROGRAM

ADVISEMENT OF RISK, RELEASE AND MEDICAL AUTHORIZATION

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

The Wilson Community Gardens 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 City of Lafayette 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 City of Lafayette 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 City 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 understand that photographs may be taken by the City of Lafayette during this program. I grant the City of Lafayette 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 City concerning the photograph(s).

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

Participant's Name_____Date_____

Birth Date_____ Age_____ Sex: M____ F_____

Participant's Signature_____

Address_____ Phone_____

Photo Release (please initial) _____Yes _____No