

Provident Community Gardens Association
Participation Form
Adult Assumption of Risk

Name: _____

Date: _____, 20_____

In consideration of the acceptance of my application for participation, I hereby freely agree to and make the following contractual representations and agreements on my behalf. I fully realize the dangers of participating in PCGA gardening on the Property and I voluntarily assume all risks associated with such participation on my behalf. (Initial)

I understand that participation is an inherently dangerous activity and that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to participate in and/or to observe this activity. I will abide by the limitations and prohibitions in the PCGA Rules and Regulations. (Initial)

For myself, and my heirs, executors, administrators, legal representatives, assignees and successors-in-interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue, assert a claim or pursue a judgment against Provident Community Gardens Association ("PCGA"), Nevada-Utah Association of Seventh-Day Adventists, a Utah corporation., the owners of the Property, their respective employees, agents, members, managers, sponsors, volunteers, officers, directors, participants and invitees ("Released Parties"), from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to body, mental trauma or death, and waive on behalf of myself any such claims against the Released Parties, arising directly or indirectly from, or attributable in any legal way to, any negligence or other action or omission to act of any Released Party in connection with the sponsorship, or organization or conduct of the gardening activity, including travel to and from such gardening activity, in which I may participate as a participant, spectator or volunteer. I hereby waive all such claims which I have now, or may hereafter have, against the Released Parties, however caused. (Initial)

I agree that it is my sole responsibility to be familiar with the PCGA grounds, buildings and other facilities, Rules and Regulations for the gardening activity. I understand and agree that situations and conditions may arise prior to, during or following the activity which may be beyond the control of the Released Parties, and I must participate so as to neither endanger myself or others. (Initial)

I agree for myself and my successors that the above representations and agreements are contractually binding and shall bind me and my successors for all matters related to the PCGA gardening activity. I agree that if I or my successors assert any claim or bring any suit in violation of this agreement, we shall be liable for the expenses (including legal fees) incurred by the Released Parties in defending against such claim or suit. (Initial)

I have carefully read this Participation Form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, an agreement not to sue and a binding contract with PCGA and the Released Parties. (Initial)

Signature of Participant: _____

Name: (Printed) _____

Consent (in case of illness or injury and I am unable to give consent):

I consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to me under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage hospital staff and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned participant shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Participant: _____

Person to contact in emergency:

Name: _____

Phone Number: _____

Physician: _____

Phone Number: _____

Signature of PCGA Representative: _____