



Sample Waiver Form

WAIVER FORM

RELEASE OF CLAIMS

I am duly aware of the risks and hazards that may arise through participation in Ohio State University Extension's Suburban Community Gardening Program and assume any expenses and liabilities I incur in the event of an accident, illness, or other incapacity. If I have had any questions about the Suburban Community Gardening Program, its nature, risks, or hazards, I have contacted the urban agriculture staff of Ohio University Extension in Cuyahoga County and discussed those questions with him or her to my satisfaction.

In consideration of being granted the opportunity to participate in the Suburban Community Gardening Program, I, for myself, my executors, administrators, agents, and assigns, do hereby release and forever discharge the Ohio State University, and its Board of Trustees, administrators, employees, servants, agents, assigns, and officers and the cooperating landowner for all claims and damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this release means that, among other things, I am giving up my right to sue Ohio State University and cooperating landowner for any such losses, damages, injury, or costs that I may incur.

Please Print

Name: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

On behalf of _____ participants
(Garden Name)

Ohio State University Extension

Cuyahoga County
9127 Miles Avenue
Cleveland, OH 44105

