

# Oakdale Community Garden Waiver of Liability

Thank you for being part of the Oakdale Community Garden, a committee of the Oakdale Garden Club. Hereafter designated as OCG in this document. We appreciate that you have chosen to be part of the OCG, either as a volunteer or as a garden member. Before you begin, we need you to know that volunteering and being a gardening member can expose you to personal injury or damage to your property. This waiver outlines our respective rights and responsibilities relating to that risk. Please read this over carefully and let us know if you have any questions.

## 1. Volunteer and Gardener Status.

I would like to volunteer or participate as a garden member at the OCG. I understand that as a volunteer or gardener, I will not be paid for my efforts and I will not be covered by worker compensation insurance. I am at least 18 years of age and I will get the consent of a Oakdale Community Garden Committee Member to bring anyone younger than 18 to the OCG.

## 2. Risk of Volunteering or Status Gardening Member

I understand that the activities at the OCG may involve serious risk. I may be exposed to, for example, but not limited to: wildlife, inclement weather, extreme temperatures, tools, the actions and negligence of others, and dangerous conditions on the land such as holes in the ground or obstacles. I understand that these examples are not all inclusive and there may be additional risks, all of which may involve serious personal injury, death, or damage to myself or my property.

## 3. Release of Claims and Assumption of Risk

In exchange for the opportunity to participate as a volunteer or gardening member at the OCG, I (and my family, heirs, and personal representatives) willingly and knowingly release the OCG, the Oakdale Garden Club, officers and committee members, and the City of Oakdale from any and all liability for any personal injury or damage relating to my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation at the OCG.

## 4. Medical Care Authorized

I am physically fit to participate in activities at the OCG. I understand that there are not medical services available on the site or otherwise, and I give permission to the OCG Committee Members, volunteers, or other garden members to authorize emergency medical treatment for me. I release the OCG Committee Members, volunteers, and

garden members, from liability for any injury or damage that might extend from such emergency medical treatment.

I further agree that this waiver should be interpreted as broadly and inclusively as the State of California law permits.

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Printed Name of Volunteer or Garden Member

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Signature of Volunteer or Garden Member

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Date