



PARTICIPATION RELEASE AND WAIVER OF LIABILITY POTTER COUNTY COMMUNITY GARDEN

This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____, by the “Participant” in favor of the Potter County Community Garden and the County of Potter, existing under the laws of the State of Pennsylvania, USA, its directors, officers, employees, volunteers, and agents (collectively, “The Potter County Community Garden” or “County of Potter”).

In consideration for being granted permission to work as a gardener at the Potter County Community Garden (PCCG) I, the undersigned, hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Potter County Community Garden and the County of Potter from any claim or liability that I, the Participant, may have against The Potter County Community Garden or the County of Potter, with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in the The Potter County Community Garden. I also understand that The Potter County Community Garden and the County of Potter do not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damages (insurance requirements below).
2. **Insurance.** The Potter County Community Garden and the County of Potter do not carry or maintain, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO VOLUNTEERING IN THE POTTER COUNTY COMMUNITY GARDEN.
3. **Medical Treatment.** Except as otherwise agreed to by the The Potter County Community Garden or the County of Potter in writing, I hereby release and forever discharge The Potter County Community Garden or the County of Potter for any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time at The Potter County Community Garden.
4. **Assumption of Risk.** I understand that my time at The Potter County Community Garden may include activities that may be hazardous to me, including, but not limited to, loading or unloading heavy equipment and materials or using gardening equipment. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Potter County Community Garden and the County of Potter from all liability for injury, illness, death, or property damage resulting from the activities of my time at The Potter County Community Garden.
5. **Photographic Release.** I grant and convey unto The Potter County Community Garden and the County of Potter all rights, title, and interest in any and all photographic images and video or audio recordings made by The Potter County Community Garden and the County of Potter during

my volunteer work at and with The Potter County Community Garden, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

- Other.** I understand that it is my desire to further the work of The Potter County Community Garden by performing services as a Volunteer, specifically as a Participant in The Potter County Community Garden. I undertake to perform said services as a volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Potter County Community Garden or the County of Potter.

To express my understanding of this Release, I sign here with a witness.

Participant Name (please print): _____

Signature: _____ Date: _____

Witness Name (please print): _____

Signature: _____ Date: _____

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**GARDENER INFORMATION**

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please return to:

Potter County Community Garden  
c/o Commissioner Barry Hayman  
Gunzburger Building, Administration Office  
1 North Main Street, Coudersport, PA 16915  
[bhayman@pottercountypa.net](mailto:bhayman@pottercountypa.net)