**A picture containing object

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**Williamsburg Community Growers**

**Liability Waiver and Media Release**

A*ll volunteers, gardeners, and guests over age 18 must sign this waiver but may opt out of the media release. Volunteers, gardeners, and guests under age 18 are welcome onsite, but must be accompanied by a responsible adult, and their parent/guardian must sign this waiver. Gardeners should list all family members who may participate. If not listed on this waiver, they will need to sign a waiver if on site.*

**RELEASE OF LIABILITY AND HOLD HARMLESS**: I understand that the Williamsburg Community Growers (WCG) is not liable for any loss or damage to property brought or delivered to the premises by volunteers or gardeners; that WCG reserves the right to eject anyone from the premises who violates any applicable law, rule, or regulation, or interferes with others’ use of the facility; and that **I am volunteering and/or gardening at my own risk**. I agree that neither WCG nor any of its officers, agents, volunteers, or employees shall be held responsible or made the subject of any claim for damages or liability arising from personal injury, property damage or loss of any sort to me, my guests or any other person or loss of any other sort arising out of or related to participation in WCG programs, whether the result of the negligence of WCG or any other person. I HEREBY AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS WCG, ITS OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES FROM ANY SUCH CLAIM, LIABILITY OR LOSS.

**MEDIA RELEASE:** I consent and authorize WCG to use at its discretion any photograph(s) or video(s) taken of me (or the participant, if a minor) while participating in WCG programming associated activities and waive any and all claims that I (or the participant, if a minor) may have resulting from any use of such photograph(s) or video(s). 

Please check here if you do **NOT** agree to the Media Release.

***PLEASE PRINT LEGIBLY***

Printed Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please print email legibly.*

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are coming to WCG with a volunteer group, name of group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian for Volunteer/Gardener under age 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FILL OUT BOTH SIDES→**

**Williamsburg Community Growers**

Mailing Address: PO Box 622 Lightfoot, VA 23090

Farm and Garden Address: 5700 Warhill Trail/Stadium Road Williamsburg, VA

Email Address: [info@growwilliamsburg.org](mailto:info@growwilliamsburg.org) Website: [www.growwilliamsburg.org](http://www.growwilliamsburg.org)

Find us on Facebook for event updates, weather cancellations, and the latest news!

12/1/2023

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Emergency Contact:

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

Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any personal limitations or medical issues we should be aware of?

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mo/day/year

Special skills:

Interests: (for example, farm work, deliveries, photography, carpentry, event planning, native plants, beekeeping, etc.)

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for volunteering with WCG!***

12/1/2023