

**Littleton Regional Hospital Community Garden  
Release of All Claims**

I, \_\_\_\_\_, am a participant in the Littleton Regional Hospital Community Garden. As a condition of being allowed to participate in the Littleton Regional Hospital Community Garden, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the LRH Community Garden, and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have any questions about the LRH Community Garden, its nature, risks or hazards, I will contact Garden Leadership and discuss questions/concerns with him or her to my satisfaction.
  
2. In consideration of being granted the opportunity to participate in the LRH Community Garden, I, for myself, my executors, administrators, agents and assigns do hereby release and forever discharge the Garden Committee, Garden Leadership, volunteers, other gardeners, and the cooperating landowner from all claims of 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 for any such losses, damages, injury or costs that I may incur.

I represent and certify that my true age is either 18 years old or, I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_