



ASSUMPTION OF RISK

I understand that there are risks in participating in volunteer activities and educational workshops with the Washington State University (WSU) Extension Master Gardener’s Program and Clinics.

In consideration for, and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in WSU Extension Master Gardener Program activities include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage; orthopedic damage; severe head, brain, neck, or spinal injuries; paralysis; loss of use of arms and/or legs; eye damage; disfigurement; and death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from WSU Extension Master Gardener activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to myself or property.

EMERGENCY MEDICAL RELEASE

In an emergency requiring medical attention or a situation reasonably believed by WSU Extension-authorized agents including Master Gardener staff and volunteers to be an emergency, I authorize WSU and its authorized agents to obtain emergency medical care if I am unable. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services.

I hold harmless and agree to indemnify WSU, its authorized agents and employees, and the staff and volunteers of the WSU Extension Master Gardener Program from decisions to seek emergency treatment.

RELEASE OF LIABILITY

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of, or connected with, participation in the above program and/or event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the program and/or event itself, and use of state equipment or facilities for the program and/or event whether on or off WSU property. I have carefully read this document, understand its contents, and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Participant’s Full Name (Print) _____

Participant’s Signature _____

MG Sponsor Name (Print) _____

Date: _____