



2018 Cultiva Youth Project Participant Risk, Release, and Medical Authorization (to be filled out by a legal guardian)

I, the undersigned as the legal guardian for the participant, understand and agree to the following as my child/ward participates in the Cultiva Youth Project for Growing Gardens of Boulder County:

***Allergies to Sunscreen**

I understand that sunscreen is recommended for my child/ward during outdoor activities. If I fail to provide my child/ward with his/her own sunscreen, Growing Gardens has my permission to provide a 30 SPF Hypo- Allergenic brand of sunscreen to him/her.

***Permission for Participation and Medical Release**

I give my permission for my child/ward to participate in the Cultiva Youth Project and all activities included herein. I hereby consent to and permit emergency treatment for my child/ward in case of injury or illness while participating in the Cultiva Youth Project.

***Media Release**

I give permission to have my child/ward's image used for publicity purposes (website, pamphlets, brochures, videos, etc.) related to Growing Gardens and/or the Cultiva Youth Project. (IF YOU DO NOT AGREE TO THIS, PLEASE LET A GROWING GARDENS STAFF MEMBER KNOW PRIOR TO STARTING THE PROGRAM AND GROWING GARDENS WILL NOT TAKE ANY PHOTOS OF YOUR CHILD/WARD.)

***Beekeeping Permission**

I give my permission for my child/ward to participate in the Cultiva Youth Project beekeeping activities. I understand that the risk of being stung by a honeybee while observing the hive is minimized by the use of protective clothing but this risk is still present.

*** Authorization and Request for Transportation of Student in Privately Owned Vehicle**

I request and authorize my child/ward's transportation from Cultiva Youth Project Farm to gleanings and/or outreach events and return to Cultiva Youth Project Farm.

I authorize and request that my child or ward be transported in a privately-owned vehicle, and acknowledge and understand that Growing Gardens, its employees,

agents and representatives, hereafter referred to as Growing Gardens, has not determined or verified the qualifications, safe driving history or insurance coverage of the volunteer driver(s), or undertaken any inspection of the vehicle to determine its condition, mechanical or otherwise.

I further acknowledge and understand that Growing Gardens has made no representation concerning the qualifications, driving history or insurance coverage of the volunteer driver(s), or the condition of the vehicle.

I further acknowledge and understand that by requesting that my child or ward be transported in a privately owned vehicle, I release Growing Gardens from any duty to control or supervise or protect my child or ward, until he/she is returned to the appropriate staff member.

I further acknowledge, on my own behalf and on behalf of my child or ward, that there are many risks inherent to motor vehicle transportation, including the risk of collisions and malfunctions which can result in serious bodily injury or death. Notwithstanding such risks, I hereby release Growing Gardens from any liability for injury or loss, including but not limited to, medical expenses, disability, disfigurement, lost wages, diminished earning capacity, mental anguish and emotional distress arising from the transportation of my child or ward in a privately owned vehicle, including but not limited to, injury caused by negligent acts by Growing Gardens and/or third persons, intentional acts of third persons, roadway conditions or hazards, supervision, student misconduct, and disregard of generally recognized safety precautions.

I further acknowledge having instructed my child or ward in the proper use of the vehicle's occupant crash protection system provided by the vehicle manufacturer and have designated a seating position for my child or ward within the vehicle.

I further release Growing Gardens from any duty to oversee, or control the manner in which the volunteer driver(s) operate the motor vehicle.

I have read and fully understand the content of this authorization and release from liability form.

ACKNOWLEDGEMENT OF RISK AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering your child or ward for participation in the Cultiva Youth Project, you will be waiving and releasing all claims for injuries your minor child/ward might sustain as a result of participating in program activities.

Under Colorado law there is no liability for the death of or injury to a participant in an agricultural recreation or agro-tourism activity resulting from the inherent risks

of the agricultural recreation or agro-tourism activities, pursuant to section 13-21-121, Colorado Revised Statutes.

As a parent/guardian of a participant in this program, I recognize and acknowledge that there may be certain risks associated with my child/ward's participation, such as physical injury and/or property damage or loss.

I agree to waive and relinquish all claims my minor child/ward may have as a result of participating in the Cultiva Youth Project against Growing Gardens and their officers, agents, servants, and employees.

I acknowledge that my child/ward acts only as a civilian volunteer and does not function as an employee, agent or representative of Growing Gardens of Boulder County.

I further agree to indemnify and hold harmless and defend Growing Gardens and their officers, agents, servants, and employees from any and all claims by other parties resulting from injuries, damages, and losses caused by minor child/ward arising out of, or any way associated with the activities of this program.

In the event of any emergency, I authorize Growing Gardens officers, agents, servants, and employees trained in CPR/First Aid and medication administration to perform CPR/First Aid and/or administer medication as needed and/or secure from any licensed hospital, physical, and/or medical personnel any treatment deemed necessary for any minor child/ward's immediate care and agree that I will be responsible for payment of any medical services rendered.

I have read and fully understand the above Acknowledgement of Risk and Release of all Claims, and agree that it shall not be modified orally.

Name of child/ward (printed):

Name of legal guardian (printed):

Date:

Signature: