



## 2018 Children's Peace Garden Program 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 Children's Peace Garden Program 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 Children's Peace Garden Program 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 Children's Peace Garden Program.

### **\*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 Children's Peace Garden Program. (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 Children's Peace Garden 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.

### **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 Children's Peace Garden Program, 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 Children's Peace Garden Program 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: