

Waiver of liability & Assumption of risk agreement

Liability waiver. In consideration of being given permission to participate in educational activities (today and on all future dates) at the Farm at Trinity Health (the Farm), I, the undersigned volunteer, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue Trinity Health, Trinity Health-Michigan, and any of their directors, officers, employees, and agents from liability from any and all claims including the negligence of the above released persons and entities resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in volunteer activities, classes, observation, and use of facilities, premises, or equipment.

Assumption of risks: The use of the Farm property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Farm has facilities for and provides for volunteer activities, social events, community outreach, clinics, classes, and camps. Some of these involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, and embarrassment 2) major injuries such as joint or back injuries, heart attacks, head injuries, and psychological trauma 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Farm. I hereby assert that my participation and presence at the Farm is voluntary and that I knowingly assume all such risks.

Acknowledgment of understanding: I have read this waiver of liability and assumption of risk agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and VOLUNTARILY AND intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature

Date

Printed Name

For all participants under eighteen (18) years of age, a parent or legal guardian must sign the following acknowledgment on behalf of the minor participant.

The undersigned parent or legal guardian of the minor whose name appears below hereby acknowledges that he/she has executed the foregoing Waiver of liability and assumption of risk agreement on behalf of the minor(s) named herein and agrees to bind myself, the minor, his/her executors, administrators, heirs, next of kin, successors, and assigns to the terms of the agreement.

Minor's Name

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date