This form is required for all participants prior to volunteering at GSF.
Please bring your completed form on your first volunteer day,
or email to volunteer@urbanautismsolutions.com.

URBAN AUTISM
SOLUTIONS

Volunteer Waiver

The undersigned voluntarily agrees to participate in the Growing Solutions Farm volunteer opportunity, sponsored by Urban Autism Solutions, a registered nonprofit organization. The undersigned recognizes that Urban Autism Solutions has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in this experience. The undersigned recognizes that these risks include: damage to bodily self, (will be around sharp tools and other potential hazards). By my signature, I hereby state that I understand the risks involved in participating in the volunteer opportunity at Growing Solutions Farm and willingly and voluntarily accept these risks.

By my signature, I hereby surrender any right to seek reimbursement from Urban Autism Solutions and its directors, officers, employees, volunteers, and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

I understand that photos or videos may be taken of myself and used for promotional use by Urban Autism Solutions. Photos and videos may include printed materials, online and/or social media.

For Adults (18 years and older)
I affirm that I am 18 years or older, capable of handling myself responsibly, and understand that this opportunity is not designed for individuals who require supervision or additional supports.

Printed Name: _____

Signed: _____ Date: _____

---------- **FOR MINORS (UNDER AGE 18) OR GUARDIAN-DEPENDENT** ----------

For Minors (Under 18) or Individuals with Legal Guardians
Each minor/guardian-dependent must complete and sign their own waiver form. They must also be accompanied by a responsible adult, who will sign separately below to assume responsibility.

Minor/Guardian-Dependent Volunteer:

Printed Name: _____

Signed: _____ Date: _____

Responsible Adult Acknowledgment:
By signing, I affirm that I am the responsible adult accompanying the above-named volunteer. I accept full responsibility for their safety, supervision, and conduct during participation. Urban Autism Solutions cannot and will not assume responsibility for supervising them in any way.

Printed Name: _____

Signed: _____ Date: _____