

### **Participant 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/my child and used for promotional use by Urban Autism Solutions. Photos and videos may include printed materials, online and/or social media.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **If minor child under the age of 18 years:**

Name of Parent or Guardian: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM IS REQUIRED FOR ALL PARTICIPANTS PRIOR TO VOLUNTEERING at the Growing Solutions Farm, a program of Urban Autism Solutions.

**Return form to: Katy Conlon, program manager  
(Katy@UrbanAutismSolutions.com)**