

# Sassafras Hill Farm Liability Waiver

By signing this application, I agree to release Sassafras Hill Farm, its agents, its employees, and its certified volunteers from and against any claim arising from my or my child's participation in the program noted on this form. I agree to indemnify and hold Sassafras Hill Farm harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey.

FOR GOOD AND VALUABLE CONSIDERATIONS, including permission to participate in Sassafras Hill Farm gardening, farming, volunteering, and related activities, I, for myself, my successors, heirs, assigns, executors, administrators, spouse and next of kin:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the Sassafras Hill Farm activity, facility or areas;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses, which may result not only from my own actions, in-actions or negligence, but also from the actions, in-actions or negligence of others and the condition of the facilities, equipment or areas where the Beach View Farms Sassafras Hill Farm and all risks of bodily injuries to myself, including medical or hospital bills, permanent or partial disability, death and damages to my property, caused by or arising from my participation in this event or activity;
4. Covenant not to use, or present any claim for personal injury, property damage or wrongful death against Sassafras Hill Farm (and their officers, employees and agents) or the owner of the gardening/farming project property for damages attributable to my participation in the Sassafras Hill Farm activity;
5. Release, waive, discharge and relinquish Sassafras Hill Farm (and their officers, employees and agents) and the gardening/farm project property owner from any liability, loss, damage, claim, demand or cause of action against them whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies or videos of me may be in connection with my participation in this event or activity without compensation from Sassafras Hill Farm (or Permittee/Sponsor) and consent to the use of these photographs, pictures, slides, movies or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity;

THIS DOCUMENT RELIEVES Sassafras Hill Farm, AND OTHERS FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT AND SIGNED VOLUNTARILY.

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Name	Phone	Email
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Street Address	City	State	Zip
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School(If any)	Birthday (month/day/year)
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Gender (Circle)

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Signature (parent/guardian if under 18) Name if Applicable	Date	Parent/Guardian
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