



COMMUNITY GARDENING PROGRAM

Waiver of Liability (Individual)

Community Garden Name: _____

City Property Site and Address: _____

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ (Print Name), residing at _____, hereby agree to waive, release, and discharge from any and all liability, and hold harmless the City of Tallahassee and all of its officials, employees, volunteers, and representatives, from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees and costs) arising out of or connected with my participation in the Tallahassee Community Gardening program located at _____ (City property). I warrant that I have read this Waiver of Liability in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will.

Signature of Plot Owner: _____

Date: ___ / ___ / ___

****Each individual gardener participating in the
Community Gardening Program must file a waiver of liability.****



COMMUNITY GARDENING PROGRAM

Waiver of Liability (Adopter Group)

Community Garden Name: _____

City Property Site and Address: _____

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, _____ (Print Name of Organization/Corporation/Entity), located at _____ (City property), hereby agrees to waive, release, and discharge from any and all liability, and hold harmless the City of Tallahassee and all of its officials, employees, volunteers, and representatives, from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees and costs) arising out of or connected with _____'s (Name of Organization) participation in the Tallahassee Community Gardening program located at _____ (City property).

I warrant that I am the primary representative of _____ (Name of Organization), have the authority to execute this Waiver of Liability on behalf of _____ (Name of Organization), and bind _____ (Name of Organization). I have read this Waiver of Liability in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will. I am signing this Waiver of Liability on behalf of _____ (Name of Organization).

Name of Organization: _____

Signature of Primary Contact: _____

Date: ___/___/___