University of Idaho

College / Dept.	**College**	Agricultural and Life Sciences	**Department**	Extension		
Activity Name	Master Gardener		**Date**		**Location**	
Participant's Name	(First)	(Last)	(Age)	Gender		
Address	(Street)		(City, State, Zip)			
Phones	(Cell)		(Home)			
Emergency contact(s) & Insurance info	**PRIMARY CONTACT NAME**		(Relationship)			
	PHONES	**WORK**	**HOME**	**CELL**		
	PLEASE NOTE: Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. **The participant is responsible for all medical expenses.**					

Acknowledgement of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. Please read both sides of this page. **Sign and return** this form to Activity Coordinators. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in Master Gardener ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) **("I") acknowledge and accept the risks and give permission** for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child, up to and including death,** may occur: use, by me or others, of sharp instruments, pesticides and herbicides; terrain which is in its natural state being unpredictable, unmaintained or containing objects that are not visible; physical activities related to horticulture including, but not limited to lifting, bending, pulling, and pushing that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, heart malfunctions, and head injuries; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; use or operation, by me or others, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice and extremes of heat or cold; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including, but not limited to, travel by bus, van, and private or rented auto, including travel in unpredictable or extreme weather conditions that affect road; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity**. **I understand I am responsible for all medical expenses and/ or property losses**.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. If I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at http://www.webs.uidaho.edu/fsh/2300.html; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK HERE ( )**.

I ( ) do ( ) do not **(please check one)** authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: