

**VILLAGE OF SHABBONA COMMUNITY GARDEN VOLUNTEER WAIVER,  
RELEASE OF ALL CLAIMS, AND PERMISSION TO SECURE TREATMENT**

*Please read this form carefully and be aware in signing up that as a volunteer for the Village of Shabbona Community Garden that you will be waiving and releasing all claims for injuries you might sustain arising from this program.*

As a volunteer for the Village of Shabbona Community Garden, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of volunteering in the Village of Shabbona Community Garden against the Village and Shabbona Township and their officers, agents, servants, and employees.

I do hereby fully release and discharge the Village and the Township and their respective officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of volunteering in the Garden.

I further agree to indemnify and hold harmless and defend the village and the Township and their officers, agents, servants, and employees from any and all claims resulting from injuries, damage, or losses sustained by me or arising out of, connected with, or in any way associated with the activities of the Garden.

In the event of an emergency, I authorize the Village of Shabbona or Garden Supervisor to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment and all medical services rendered.

I have read and fully understand the above Waiver, Release of All Claims, and Permission to Secure Treatment.

Participant's Name: \_\_\_\_\_  
(Print Name)

Participant's Signature: \_\_\_\_\_

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

**VILLAGE OF SHABBONA COMMUNITY GARDEN VOLUNTEER**  
**PARENT/GUARDIAN WAIVER AND RELEASE OF ALL CLAIMS**  
**PARENT CONSENT FORM**

*Please read this form carefully and be aware in signing your minor up as a volunteer for the Village of Shabbona Community Garden that you will be waiving and releasing all claims for injuries your minor might sustain arising from this program.*

As the parent/guardian of a minor volunteer in the Village of Shabbona Community Garden, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or the minor participants may have as a result of volunteering in the Village of Shabbona Community Garden against the Village, Shabbona Township and their respective officers, agents, servants and employees.

I do hereby fully release and discharge the Village and the Township and their respective officers, agents, servants and employees from any and all claims from injuries, damage or loss which the minor participants any have or which may accrue to the minor participant on account of volunteering in the program.

I further agree to indemnify and hold harmless and defend the Village and the Township and their respective officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by the minor participants or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize Village of Shabbona or Garden Supervisor to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the minor participant's immediate care and agree that I will be responsible for payment and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

**I, \_\_\_\_\_, certify that I am the parent/guardian of the minor applicant \_\_\_\_\_, and hereby give my consent for the minor to volunteer in the Village of Shabbona Community Garden.**

Minor Participant's Name: \_\_\_\_\_  
(Print Name)

Minor Participant's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Print Name)

Parent/Guardian Signature: \_\_\_\_\_

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