



Gardenkids of Kemah
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RELEASE AND WAIVER OF LIABILITY AND PHOTO RELEASE

In consideration of my, or my minor child, being permitted to participate in any way in the Community Garden Program, I, the Undersigned, for myself and or my minor child, all of my or my minor child's personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasors",

Do hereby: Waive, release and discharge and covenant not to sue the **GARDENKIDS OF KEMAH, INC.** its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Community Garden Program, hereinafter referred to as "**GARDENKIDS OF KEMAH INC.**", for any and all loss or damage, and any claim or demands therefore, rising in whole or in part and in any manner from acts, omissions, breach or default from any and all liability on account of injury to the person or property or resulting in my death or that of my minor child arising out of or related to use or occupancy of the Community Garden, including any volunteer service by my minor child or me. I agree to Indemnify and Save and Hold Harmless the **GARDENKIDS OF KEMAH INC.** from any loss, liability, damage, or cost that the **GARDENKIDS OF KEMAH INC.** may incur arising out of or related to my, or my minor child's, or my guest's, or my invitee's, use, occupancy or volunteer services at the **GARDENKIDS OF KEMAH INC.**, Community Garden.

I agree that photos or other visual media of me/my minor child may be taken at the garden may be used by the **GARDENKIDS OF KEMAH INC.** for any lawful purpose.

I expressly understand and acknowledge that the **GARDENKIDS OF KEMAH INC.**, Community Garden houses a Honeybee Apiary (Bee Farm). I further understand that I must affirmatively state if I, or my minor children have any known allergies to bee stings. I further hold harmless **GARDENKIDS OF KEMAH INC.**, for any related injury direct or indirect with regard to contact,/exposure to the said Apiary.

I have read, agree to the terms and conditions of the Release and Waiver of Liability and Photo Release above while volunteering or participating in programs at the **GARDENKIDS OF KEMAH INC.** Community Garden.

Please keep a copy of this agreement for your reference.

Name of Volunteer (please print): _____

Signature: _____

(Self or Parent/Guardian if under 18 years)

Name of parent(Please Print): _____ Date: _____

Organization (if applicable): _____

Email: _____ Phone: _____

Address: _____ Zip: _____

Volunteer _____ is ___ is not ___ allergic to bee stings.(Circle & initial the response)

RETURN to: GardenKids of Kemah- Volunteer Files