



# Volunteer & Field Trip Participant Form

2140 Chase Drive • Rancho Cordova, California 95670 • (916) 363-9685 • [www.soilborn.org](http://www.soilborn.org)

Please complete BOTH sides of the form

PLEASE PRINT

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

Teacher/Group Leader Name \_\_\_\_\_ School/Group \_\_\_\_\_

Volunteer/Participant Name(s) \_\_\_\_\_ Birthday (if under 18): \_\_\_/\_\_\_/\_\_\_

(Parents/guardians- if you are visiting the farm WITH your child/ren you may put all of the names above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

*If Participant is under 18, Parent or Guardian Contact Information is required*

Parent or Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation \_\_\_\_\_

### Food allergies, medical conditions:

### Volunteer Interest:

Yes, please let me know when you need volunteers

Please let us know if you have any skills you'd like to contribute: \_\_\_\_\_

Yes, please email me Soil Born Farm's newsletter, *On the Horizon*

Please tell us how you learned about Soil Born Farms:

\_\_\_ friend      \_\_\_ word of mouth      \_\_\_ Sacramento Natural Foods Co-op      \_\_\_ newspaper

\_\_\_ website      \_\_\_ Facebook      \_\_\_ event: \_\_\_\_\_      \_\_\_ other: \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER AND RELEASE OF LIABILITY ON THE OTHER SIDE**

THANK YOU FOR YOUR PARTICIPATION!

### FOR STAFF USE ONLY:

Project:

Date and Time

Staff Initials:

# Participant/Volunteer Liability Waiver and Agreement



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Soil Born Farms (“SBF”) is a nonprofit organization whose mission is to empower youth and adults to discover and participate in a local food system that encourages healthy living, nurtures the environment and grows a sustainable community. By signing below, I, the Volunteer (or the Volunteer’s legal guardian, on the Volunteer’s behalf), agree that:

- 1. Policies and Safety Rules.** For my safety and that of others, I will comply with SBF’s volunteer policies and safety rules and its other directions for all volunteer activities. I will supervise any child or other person for whom I am responsible. If I become aware of any hazardous condition or danger at an SBF program site, I will alert SBF.
- 2. Awareness and Assumption of Risk.** I understand that my volunteer activities with SBF have inherent risks that may arise from SBF’s operations, my own actions or inactions, or the actions or inactions of SBF, its directors, officers, employees and agents, other volunteers, and others present at SBF farm, gleaning, food distribution and other program sites. These risks may include, but are not limited to: dangers and conditions inherent to farm property and other program sites, including bees, snakes, animals, poison oak, uneven terrain, allergens, and use of power tools, ladders and farm equipment; weather; physical exertion; and travel to and from SBF program sites. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence at SBF program sites or participation in SBF activities, regardless of the cause.
- 3. Waiver and Release of Claims.** I waive and release any and all claims against: SBF; the owner or owners of premises on which SBF programs take place including owners of sites for gleaning activities (collectively, “landowners”); other tenants at SBF’s or landowners’ premises; the County of Sacramento (the “County”); and SBF’s, landowners’, the County’s, and other tenants’ directors, officers, agents, employees, volunteers, and affiliates (collectively, the “Released Parties”), for any liability, loss, damages, claims, expenses and attorneys’ fees (collectively, “Liabilities”) resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at a SBF program site or participation in SBF activities, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release. I understand that SBF would not permit me to volunteer without my agreeing to these waivers and releases.
- 4. Medical Care Consent and Waiver.** I authorize SBF to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon SBF to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my volunteer activities with SBF.
- 5. Indemnification.** I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any person in a relationship with me or any other third party, which may arise directly or indirectly from my SBF volunteer activities, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.
- 6. Confidentiality.** As a volunteer, I may have access to SBF confidential information. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my SBF volunteer activities or as expressly authorized in writing by SBF’s Executive Director.
- 7. Publicity.** I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in SBF volunteer activities. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.
- 8. Volunteer Not an Employee; Relationship with County.** I understand that (i) I am not an employee of SBF, (ii) that I will not be paid for my participation, and (iii) I am not covered by or eligible for any SBF or other insurance, health care, worker’s compensation, or other benefits. I acknowledge that the County and SBF are no co-sponsors, partners, joint ventures or otherwise jointly engaged in any activities, including those in which I may participate as a volunteer. I may choose at any time not to participate in an activity, or to stop my participation entirely, with SBF.

Volunteer Signature (if 18 or older)

Date

Volunteer Name

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Parent's/Guardian's Signature (if under 18)

Date

Parent's/Guardian's Name (if under 18)

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