

RELEASE OF LIABILITY

I, _____, hereby release HEALTHY HARVEST COMMUNITY FARMS, INC., and its agents, assigns, grantees, officers, board of directors, employees, representatives, or other volunteers, from any and all liability resulting in any action arising from negligence, or products liability.

I am upon the premises of HEALTHY HARVEST COMMUNITY FARMS, INC. in the capacity of a volunteer and there have been no promises, express or implied, made to me as to the conditions of the premises. I understand that as a volunteer I have the right to refuse any task requested of me. I further understand as the nature of the volunteer work is agricultural in nature, I may come into contact with poison ivy, thorns, or other skin or eye irritants, mosquitos, bees, spiders, or other insects/arachnids which may bite, sting, or spread disease, fertilizer which contains animal manure and other chemicals some of which may be harmful, direct sunlight which may cause a sunburn or contribute to dehydration, and other natural occurring or manmade hazards throughout my volunteer duration.

I further understand that I will use any and all safety equipment provided to me including. But not limited to, back braces gloves, seat belts, protective eyewear, and other protective devises as available. If I am asked to perform any task that I have not performed in the past or am unsure about how to perform the task, I will ask a HEALTHY HARVEST COMMUNITY FARMS, INC. employee or representative to further demonstrate or explain the task and I will not attempt to perform this task until I understand how to do so in a safe manner,

In the event that I feel tired, ill, or otherwise question my ability to undertake the various tasks assigned, I shall immediately stop, and alert HEALTHY HARVEST COMMUNITY FARMS, INC.

I understand that I am a volunteer and that no offers of remuneration whether monetary, in-kind, or other quid pro quo have been made in exchange for my labor. I understand that I am not required to work for any predetermined amount of time nor am I required to perform any tasks I do not wish to perform.

Signature

Print Name