



COUNTY OF YOLO

Health and Human Services Agency

Joan Planell
Director

Jan Babb
Branch Director, Community Health

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8645 • www.yolohealth.org

Hanna and Herbert Bauer Memorial Community Garden Plot Rental Agreement, Waiver and Release

I/We _____ recognize that the activity portion of gardening may be of hazardous, physical, and/or strenuous nature. I/We recognize that doing such activities related to gardening and care of my/our garden plot may occasionally cause accidents that can result in injury, death or property damage.

In consideration for participation in the Hanna and Herbert Bauer Memorial Community Garden, I/We hereby waive, release, and discharge Yolo County, its officers, employees, and agents from any and all claims for damages, for personal injury, death, or property damage which I/we or any member of my/our family under the age of 18 (_____, _____, _____) may have or may hereafter accrue as a result of participation in said activity. I hereby consent to receive medical treatment and authorize medical treatment for the family members identified above, which may be deemed advisable in the event of injury, accident, or illness while I/we are at the garden. I agree to be financially responsible for any costs incurred as a result of such treatment. This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF/OURSELVES AND THE YOLO COUNTY HEALTH DEPARTMENT AND I SIGN IT OF MY OWN FREE WILL.

Date: _____

Plot #: _____

Name: _____

Signature: _____

Name: _____

Signature: _____