



EMERGENCY CONTACT AND RELEASE

Name: _____

Address: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

E-Mail: _____

In Case of Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

E-Mail: _____

Any allergies, medications, or other information needed in an emergency: _____

Volunteer Waiver/Release Form for an Adult or Minor

I hereby release, waive, and discharge the Clovis Botanical Garden, their volunteers, instructors, members, and all participants from any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney fees for injury to, or death of any person; or for damage to any property, arising from or attributed to, directly or indirectly, participation in any and all activities associated with activities at 945 Clovis Avenue, Clovis, California. The undersigned further agrees to indemnify and hold harmless the organizers, participants and volunteers from all suits, causes of action, or claims of any type, brought as a result of participation in the above-named activity.

I assume all risks of bodily injury to myself/or minor child and give permission for myself/or minor child to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

I have read this document and understand that it has legal consequences and sign it voluntarily.

Participant's Printed Name: _____

Participant's Signature: _____

Parent/Guardian's Signature for minor age child: _____

Date: _____