

University of Idaho Extension  
**Idaho Master Gardener™ Program**

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**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

**Read this carefully and in its entirety.** It is a binding legal document. **Sign and return this form** to your local Master Gardener coordinator or Extension educator. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Idaho Master Gardener Program (“Activity”) may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) (“I”) acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child**, up to and including mortal injury, may occur: use, by me or others, of sharp instruments, pesticides, and herbicides; terrain which is in its natural state being unpredictable, unmaintained, or containing objects that are not visible; physical activities related to horticulture including, but not limited to lifting, bending, pulling, and pushing that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, heart malfunctions, and head injuries; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; use or operation, by me or others, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, and extremes of heat or cold; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including, but not limited to, travel by bus, van, and private or rented auto, including travel in unpredictable or extreme weather conditions that affect road; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho (“UI”) permitting me/my dependent to participate in the Activity, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. I have informed the Activity contact of any physical or medical condition that might expose me to an unusual risk of harm. I hereby consent to first aid, emergency medical care, and, if necessary,

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admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity. I accept and will abide by the University of Idaho Policies listed in the Policies and Information of Interest to Students brochure, which is available on-line at [www.webs.uidaho.edu/riskmanagement](http://www.webs.uidaho.edu/riskmanagement) or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the Activity, and the policies and procedures of the University of Idaho.

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Signed: Idaho Master Gardener Volunteer

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Date

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Print Name

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.**

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Signed: Parent or Legal Guardian

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Date

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Print Name of Parent or Legal Guardian