

Town Demonstration Resilience Garden Liability Waiver: Please complete this form, scan or photograph it, and then email the image to the Land Trust's Executive Director Cindy Elder at cindyelder@blct.org. Thank you!



Town of Barrington

PLANNING, BUILDING AND RESILIENCE DEPARTMENT

Barrington Town Hall | 283 County Road | Barrington, RI 02806

I, _____, hereby acknowledge and agree that I am participating in the Demonstration Resilience Garden as a Town of Barrington volunteer.

I acknowledge and agree that activities performed will be strictly on a voluntary basis, without any pay, compensation, or benefits.

I understand and acknowledge that there are certain risks associated with this activity, including but not limited to sun stroke, insect bites, sprains, and strains. I voluntarily assume all risks associated with my participation in the Activity.

On behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue the Town of Barrington, its directors, officers, employees, volunteers, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in this activity, whether caused by the negligence of the Organization or otherwise.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Town of Barrington, its directors, officers, employees, volunteers, and agents.

I further agree to indemnify, defend, and hold harmless the Town of Barrington, its directors, officers, employees, volunteers, and agents from and against any and all claims, demands, damages, liabilities, expenses (including reasonable attorneys' fees), and causes of action arising out of or related to my voluntary participation in the Demonstration Resilience Garden.

I have read this Volunteer Liability Waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name:

Signature:

Date:

Print Parent or Legal Guardian Name (if participant is under 18):

Signature:

Date:

