Permission, Release, Assumption of the Risk and Indemnification Agreement

CHRISTIANSBURG COMMUNITY GARDEN

Residents of the Town of Christiansburg, Virginia have requested permission from the Town of Christiansburg ("the Town") to enter on to vacant property owned by the Town located on _____ Street, tax map number _____ being an approximately ____ acre parcel, for the purpose of cultivating a community garden ("Activity").

Cultivating a garden involves potential danger and serious risks of death or of injuries. The soil in and around a garden plot can be slippery, sometimes soft and muddy, and be rocky and contain uneven surfaces. Falling or slipping on such surfaces could result in death or injuries including, but not limited to, broken bones and head injuries. I acknowledge that use of gardening equipment such as shovels and rakes can also be dangerous and cause injuries to arms, legs, feet, or to the back. Further, I acknowledge that use of fertilizers, pesticides and other chemicals to enhance cultivation of a garden can be dangerous and cause allergic reactions, rashes, internal injuries, and possible exposure injuries.

In exchange for and in consideration of being allowed to enter on to the Town's property to participate in the Activity, I acknowledge and agree to the following:

1. I am at least 18 years old;

2. I understand the risks and dangers involved in the Activity and expressly assume the risk of injury or death, whether foreseen or unforeseen, to me;

3. I hereby release and hold harmless the Town of Christiansburg and all its officers, agents, and employees from any and all claims, demands, and liabilities to me on account of any and all injuries, losses, and damages to my person or property, or death arising out of or related to participation in the Activity; and

4. I further agree to indemnify the Town of Christiansburg for any and all claims, damages, losses and expenses, including attorneys' fees, for any harm, injury, damage or loss which may be sustained by me arising out of or related to participation in the Activity.

_____	_____	_____
DATE	PRINTED NAME	PARTICIPANT'S SIGNATURE