

**Fermilab Garden Club Activities
Agreement and Release of Liability**

As consideration for being allowed to participate in the activities and programs of the Fermilab Wellness Office, I, the undersigned, for myself, my heirs, executors, administrators and assigns, do hereby waive, release, and forever discharge Fermilab and its officers, agents, employees, representatives, executors, and all other participants from any and all claims, responsibilities, and liabilities for injuries or damages resulting from my participation in club activities and use of equipment and/or premises. I understand that club activities, involve a risk of serious injury or death, and that I am voluntarily participating in such activities and use of equipment and/or premises with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any club activities of the Fermilab Wellness Office or use of equipment and/or premises. I acknowledge that I have either had a physical examination and have been given my physicians' permission to participate or that I have decided to participate without approval of my physician and do hereby assume all responsibility for participation in all activities and utilization of equipment and/or premises.

Dated: _____

Release of Liability Signature

Print Name

IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT/GUARDIAN IS REQUIRED.

Dated: _____

Signature of Parent / Guardian

Print Name