



NATIONAL AIDS MEMORIAL GROVE AGREEMENT AND RELEASE FROM LIABILITY/PHOTOGRAPHY/VIDEO

Volunteer Participation

The Undersigned acknowledges that he or she is voluntarily participating in the planting of trees, shrubs and plants, and related landscape and gardening work in the National AIDS Memorial Grove ("the Grove") area of Golden Gate Park; or will be voluntarily working to promote awareness of the Grove, AKA "Grove Workdays."

Assumption of Risk

I AM AWARE THAT GARDENING, AND IN PARTICULAR, THE PLANTING OF TREES IS A HAZARDOUS ACTIVITY. I AM ALSO AWARE THAT IN THE COURSE OF OTHER GROVE-RELATED VOLUNTEER WORK, I MAY FIND MYSELF IN POTENTIALLY HAZARDOUS SITUATIONS. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

Photographic Release

For Valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by the Grove, or anyone authorized by the Grove, of any and all

photographs or video which have this day been taken of me, negative or positive, for any purpose whatsoever, without further compensation to me. All negatives and prints, together with the prints, shall constitute the property of the Grove, solely and completely.

Liability Release

As consideration for being permitted by the Tides Center, the Grove, and the City and County of San Francisco ("Releasees") to participate in the Grove's Workdays, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Releasees (or the supplier of any of the equipment I will use in these activities) for injury or damage, howsoever caused, as a result of my participation at the Grove's Workdays. I hereby release Releasees from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Grove's Workdays.

Knowing Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES AND/OR THEIR AFFILIATE ORGANIZATIONS AND SIGN IT ON MY OWN FREE WILL.

Executed at San Francisco, California on _____
(Date)

X

Print Name

Signature (verifying volunteer is at least 18 years of age or older OR signature of Parent/Guardian if volunteer is under 18)

Address

City/State

Zip

Phone

Email Address

Company/Group Affiliation (if applicable)

Circle One: New Volunteer Returning Volunteer