



## AGREEMENT TO ASSUME RISKS AND RELEASE CLAIMS

**Acknowledgment and Assumption of Risk:** I understand that my participation in the Student Sustainable Farm activities can present risks of physical injury (including death or disability) to me and damage/destruction to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage/destruction may result from known or unexpected risks arising from my participation in the Student Sustainable Farm, such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

**Release of Claims:** In consideration for allowing me to participate in the Student Sustainable Farm activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future (“Claims”) against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a “Releasee”) for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in the Student Sustainable Farm activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

**Effective Date:** This Agreement is effective on the date signed by me (“Effective Date”) and replaces any similar agreements previously signed by me as to Farm activities that occur on or after the Effective Date.

**PARTICIPANT/VOLUNTEER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### **IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:**

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_