

2020 Lewisburg Community Garden Volunteer Waiver

Participant Name: _____ (Please Print)

The above individual hereby acknowledges that he/she has freely and voluntarily elected to participate in service at the Lewisburg Community Garden. It is understood that Bucknell University, the Borough of Lewisburg, and/or their representatives assume no liability in the event of accident or illness, nor for damage to or loss of personal property. In participating in the program, the individual named here assumes all risk of accident, injury, illness, or damage to or loss of property. **In order to operate during the COVID-19 scenario, all those engaging with the Garden must agree to abide by all regulations issued by the State of Pennsylvania - failure to respect state guidelines and new safety regulations established for the Garden will result in a ban.** By signing, the person agrees to indemnify and hold harmless Bucknell University, the Borough of Lewisburg, and its employees from any and all claims, losses, suits, damages, judgments and expenses resulting from bodily injury, personal or property damage, to or on the part of said individual or any third parties.

Volunteer Signature

Date

Parent or Guardian Signature
(must sign if volunteer is under 18 years of age)

Date

Emergency Contact

Name: _____

Phone: _____

Street Address: _____

Email: _____

Do you give permission for your image to be used in Lewisburg Community Garden marketing and promotional materials (website, Facebook, brochures, etc.)? Please use an "X" to indicate your choice. Yes _____ No _____