

# Diamond Head Community Garden

## Liability Release

Plot # / Team assigned to help: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Email \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Phone number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician address \_\_\_\_\_  
City \_\_\_\_\_ Zipcode \_\_\_\_\_

I hereby authorize the City and County of Honolulu and any of its officers, agents and employees, and officers of Diamond Head Community Garden, to refer myself, if injured or taken ill during the course of participating in the City's Community Recreational Garden Program, to my family physician when deemed necessary by the City or officers of Diamond Head Community Garden.

I agree on behalf of myself and on behalf of any of my family members participating in the City's Community Recreational Garden Program to be bound by and to abide by all of the rules and regulations, bylaws and procedures contained in the accompanying book 'Honolulu Community Gardens' as well as the Bylaws of Diamond Head Community Garden.

I, the undersigned, hereby agree on behalf of myself and on behalf of any of my family members participating in the City's Community Recreation Garden program to all of the above and to voluntarily release, remise and forever discharge the City, its elected and appointed officers, agents and employees and officers of Diamond Head Community Garden, from and on account of any and all claims, actions, causes of action, liabilities, costs, expenses and damages of any kind, which I may have arising out of my participation in the City's Community Recreational Garden Program.

Dated \_\_\_\_\_

Signature \_\_\_\_\_