

The Garden Patch
RELEASE AND HOLD HARMLESS AGREEMENT

NAME: _____

ADDRESS:

CITY/STATE: _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

E-Mail Address: _____

ACKNOWLEDGEMENT OF RISK

I hereby indemnify and hold harmless, The Garden Patch, and its employees or owners or members from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, under my jurisdiction. This agreement shall continue for each and every visit to The Garden Patch's property.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the State of Arizona.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ **Signed:** _____
Participant

Date: _____ **Signed:** _____
Parent/guardian (if under 18 years of age)

PHOTO RELEASE FORM

I grant permission to The Garden Patch and its agents, employees, owners and members to use photographs taken of me on The Garden Patch's property for publication in brochures, newsletters, magazines, display boards, websites, or any other media without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

I hereby agree to release, defend, and hold harmless The Garden Patch, its members, owners, agents, employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or in the taking, processing, reduction or production of the finished product, its publication or distribution.

Date: _____ **Signed:** _____
Participant

Date: _____ **Signed:** _____
Parent/guardian (if under 18 years of age)