



# Master Gardener Program

WASHINGTON STATE UNIVERSITY  
EXTENSION

## **ASSUMPTION OF RISK**

I understand that there are risks in participating in volunteer activities and educational workshops with the Washington State University (WSU) Extension Master Gardener's Program and Clinics. In consideration for, and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in WSU Extension Master Gardener Program activities include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage; orthopedic damage; severe head, brain, neck, or spinal injuries; paralysis; loss of use of arms and/or legs; eye damage; disfigurement; and death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from WSU Extension Master Gardener activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to myself or property.

## **EMERGENCY MEDICAL RELEASE**

In an emergency requiring medical attention or a situation reasonably believed by WSU Extension-authorized agents including Master Gardener staff and volunteers to be an emergency, I authorize WSU and its authorized agents to obtain emergency medical care if I am unable. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services.

I hold harmless and agree to indemnify WSU, its authorized agents and employees, and the staff and volunteers of the WSU Extension Master Gardener Program from decisions to seek emergency treatment.

## **RELEASE OF LIABILITY**

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of, or connected with, participation in the above program and/or event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the program and/or event itself, and use of state equipment or facilities for the program and/or event whether on or off WSU property. I have carefully read this document, understand its contents, and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.



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Participant's Full Name (Print)

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Participant's Signature

Date: \_\_\_\_\_