Botanical Garden of the Piedmont

We'll grow together

We're looking forward to starting the Botanical Garden of the Piedmont PLACCE program. Please agree to the below statements.

Image Release

I grant to Botanical Garden of the Piedmont (BGP) the right to take photographs of my dependent minor in connection with the BGP PLACCE program. I authorize BGP, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that BGP may use such photographs of my dependent minor with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web content and social media.

Release of Liability and Indemnification Agreement

I understand and assume full responsibility for the risk of personal injury, death, and property damage due to the negligence and/or fault of the parties released by this document, and/or due to the condition of the property, whether such negligence, fault, and/or condition of the property is present at the signing of this agreement or takes place in the future.

On my own behalf and on the behalf of my heirs, personal representatives, and assigns, I hereby release the City of Charlottesville, Virginia, as well as Botanical Garden of the Piedmont, Inc. Charlottesville, VA and all of their officers, directors, members, managers, partners, employees, boards or commissions and volunteers (collectively, "the parties released by this document") from all claims, demands, actions, rights of action, or other legal rights to claim compensation for any loss or injury which I may sustain as a result of their negligence or fault, or the condition of the property, by any other cause whatsoever, whether loss or injury occurs while participating in, going to, or coming from my volunteer activities. However, this waiver and release does not apply to gross negligence or intentional torts by the parties released by this document.

Further, I agree to indemnify and hold all parties released by this document harmless from any claims or demands.

I expressly agree that this waiver and release agreement is intended to be as broad and inclusive as permitted by the Laws of the Commonwealth of Virginia and of any other state wherein such activities may occur, and that if any portion hereof is held invalid, the remainder hereof shall continue in full force and effect.

This Agreement contains and embodies the entire agreement and understandings between the parties concerning the subject matter hereof, has no expiration date.

Agreement: I have read and agree to the above on behalf of myself and my dependent minor.

_____

Name of Dependent Minor

_____ _____

Signature of Parent or Guardian Date

_____ _____

Print name of Parent or Guardian Relationship