

<hr/> Name of participant (Last, First, Middle initial) <hr/>
<hr/> Phone # (in case belongings are left behind) <hr/>
<hr/> E-mail address (optional – fill in if you would like to receive Garden bulletins) <hr/>

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This agreement is made in consideration of allowing me to participate in the program commonly known as the Manhattan Beach Botanical Garden. By signing this agreement, I agree to the following:

I agree to release all persons, entities and affiliates associated, connected or involved with in any manner whatsoever, the Manhattan Beach Botanical Garden, including but not limited to persons associated with the Manhattan Beach Botanical Garden, V.O.I.C.E., the City of Manhattan Beach and the Manhattan Rotary Club, all of their employees, officers, directors, affiliates and associates, from any and all claims, damages, actions or causes of action, or any other liability, arising out of my involvement with the project, and including, but not limited to, the negligent acts or omissions of persons associated with the Manhattan Beach Botanical Garden, V.O.I.C.E., the City of Manhattan Beach and the Manhattan Rotary Club, all of their employees, officers, directors, participants, affiliates and associates against any actions, judgments, costs, loss or expense including but not limited to reasonable costs necessary to defend a lawsuit including attorney fees, investigators, filing fees, transcripts, court reporters, and other reasonable costs of investigations and defense arising out of my participation with the Manhattan Beach Botanical Garden.

I agree that by signing this agreement I have read it and agree to its terms completely.

Dated and effective _____

X

Signature of participant (or parent or guardian if participant is under 18 years of age.)

In case of emergency, we should notify:

Name **Phone number**

Physician and Hospital information:

Hospital **Doctor** **Phone number**