

OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER

GARDEN OF HOPE

Waiver & Release of Liability

Thank you for your participation in the Garden of Hope program.

Physical exercise, including gardening, can be strenuous and have risk of serious injury. OSF Saint Francis Medical Center urges you to obtain a physical examination from a doctor before participating in this exercise activity. You agree that if you engage in our Garden of Hope program, you do so entirely at your own risk. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. Neither OSF Saint Francis Medical Center, nor the property owner, is responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries, which may occur because of: 1) your use of all amenities and equipment at the Garden of Hope and your participation in any activity whatsoever associated with the Garden of Hope. This includes but is not limited to, the sudden and unforeseen malfunctioning of any equipment, our instruction, training, supervision, or recommendations.

In the event of an emergency, you authorize Garden of Hope officials to procure any treatment (including emergency medical services/first aid) necessary for your immediate care, and agree that you will be responsible (personally or through my own insurance) for payment of all such services rendered.

You further agree that you may be photographed during this activity, and that such photographs may be used in promotional materials related to the Garden of Hope.

I acknowledge that I have carefully read this “waiver and release” and fully understand that it is a release of liability to OSF Healthcare System, and the property owner (“Released Parties”). I expressly agree to release and discharge the Released Parties and their employees and agents from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against the Released Parties for personal injury or property damage. I hereby forever release and hold harmless OSF HealthCare Saint Francis Medical Center and the property owner, and their staffs from any and all liability associated with my participation in the Garden of Hope program.

I have carefully read this release and understand its contents. I agree to this waiver and release of liability.

Signature of volunteer: _____ Date: _____

Please Print:

Name: _____ Date of Birth: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____