

RELEASE AND WAIVER OF LIABILITY

THE UNDERSIGNED, in consideration of the Needham Community Farm, Inc. allowing my use of the of a community gardening bed located at the Needham Community Farm, 145 Pine Street, Needham, Massachusetts for community garden purposes agree as follows:

I, my heirs, personal representatives, next of kin, estate, administrators and assignees (the "Releasors") hereby certify that I have full knowledge of the nature and extent of risks inherent in my use of the community garden and assigned community garden bed and I understand that I will be solely responsible for any loss or damage, including death, which any person may sustain or cause, to any myself, to any of my property or any other person or property as the result of my activities. By this agreement, Releasor/Gardener is relieving the Town of Needham, owner of the Premises, Needham Community Farm, and all of their employees, agents, and board members (the "Releasees") of any and all liability for such loss or damage.

The Releasor/Gardener agrees to forever release the Releasees from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from my use of the Premises. The Releasor/Gardener also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly arising from (a) personal injuries to myself or to other person(s); or (b) real or personal property damage resulting from my use of the Garden.

The names of family members under age 18 who will be coming to the NCF Community Beds and covered by this Waiver:

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND A LEGALLY BINDING CONTRACT OF INDEMNITY GOVERNED BY MASSACHUSETTS LAW. I CERTIFIES THAT I AM 18 YEARS OF AGE OR OLDER, AM LEGALLY COMPETENT TO SIGN THIS AGREEMENT, AND HAVE SIGNED IT OF MY OWN FREE WILL AS A DOCUMENT UNDER SEAL.

Names of Family Members under age 18 who will be coming to the NCF Community Beds and covered by this Waiver

Signed

Dated