



DIGA Gardener Registration

Please forward this form to:
DIGA
Suite 318 - 425 Carrall Street
Vancouver, BC V6B 6E3
www.digabc.org
Phone: 604-688-6464
Fax: 604-688-6463
Info@digabc.org

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (home): _____ (work): _____
Cell phone: _____ Email: _____

Program updates and events are shared via email and social media (www.facebook.com/disabledindependentgardeners)

GARDENING NEEDS & INTERESTS

Tend a Community Garden Plot Preferred location: _____
Attend Gardening Workshops Topics of interest: _____
Adaptive Gardening Tools Type of tools: _____
Volunteer Assistance Type of assistance: _____
Other Details: _____

Do you know of anyone interested in volunteering with DIGA? _____

MEDICAL INFORMATION (Optional)

Nature of disability: _____
Mobility Aids: Wheelchair Scooter Crutches Cane Other: _____
Medications: _____
Allergies: _____
Family doctor: _____ Phone: _____
Date of birth: _____ BC Care Card No.: _____

EMERGENCY CONTACTS

Name:	Phone:	Relationship:
1. _____	_____	_____
2. _____	_____	_____

Participant's Release of Liability, Waiver of Claims, Medical Waiver, Assumptions of Risks and Indemnity and Image Consent

By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.

ASSUMPTION OF RISKS

I AM AWARE THAT THERE IS POTENTIAL RISK FOR PERSONAL INJURY INVOLVED IN PARTICIPATION IN ANY PHYSICAL ACTIVITY. I freely accept and fully assume all such risks, dangers and hazards, including the possibility of personal injury (including but not limited to: **bumps, bruises, cuts, scrapes, concussion, broken bones, infections, abrasions, and hypothermia**), death and/or property loss resulting from my participation in this Disabled Independent Gardeners Association (DIGA) activity.

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of approval to participate in DIGA's activities, I hereby agree as follows:

_____ **Initial** **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against DIGA, its directors, officers, employees, volunteers, representatives, other participants and partner organizations (Sam Sullivan Disability Foundation and its affiliated societies, City of Vancouver, Community Gardens, Vancouver Board of Parks and Recreation), all of whom are hereinafter collectively referred to as "The Releasees";

_____ **Initial** **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I suffer, or my next of kin may suffer as a result of my participation in this activity due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.** I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;

_____ **Initial** **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in DIGA activities;

_____ **Initial** This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

_____ **Initial** In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement;

_____ **Initial** I grant permission to DIGA and/or their designates to proceed in any manner they deem necessary in the case of medical emergency involving myself (or my child/ward). I am releasing the right for this information to be shared with DIGA volunteers, staff, and/or medical staff who are in contact or responsible for my (or my child/ward's) participation in the program;

_____ **Initial** DIGA and/or their designates often take photographs/videos of participants and staff while programs are operating. These pictures may be used for promotional purposes, training, and public education. I give my permission for photographs/videos to be taken of myself / my child / ward, and for these to be subsequently published.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Date: _____

Participant Signature: _____ Print Name: _____

Signature of Parent/Guardian: _____ Print Name: _____
(If participant is under 19 years of age)

Witness: _____ Print Name: _____

IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP or a REPRESENTATION AGREEMENT IN PLACE? **YES / NO INITIALS** _____