

# UNCG GARDENS PROGRAM

## Release and Hold Harmless Agreement and Consent for Medical Treatment

In consideration of my/my child's participation in the UNCG Gardens program on land owned by UNCG at 123 McIver Street (the "Program"), I hereby release, hold harmless, and forever discharge The University of North Carolina at Greensboro, the Board of Governors of the University of North Carolina and the State of North Carolina (collectively referred to as the "University"), and its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me/my child or to any property belonging to me/my child while participating in the Program, including any loss, property damage, or personal injury, including death, that may be sustained by me/my child or to any property belonging to me/my child caused by the negligence of the University, its agents or employees.

I am fully aware of the risks and hazards associated with this Program. I acknowledge that my/my child's participation in the Program is elected by me and not required. These risks include, but are not limited to, falls, cuts, breaks, bites, allergic reactions, strains and **death** associated therewith. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me/my child as a result my/my child's participation in this Program.

In the event of illness or injury, I hereby authorize employees or agents of the University to obtain emergency medical treatment for me/my child at any local hospital as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that the University will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to me by a certified person should it become necessary.

I have read and I understand this document. I understand and agree that it is binding on me/my child, my heirs, assigns, and personal representatives.

---

Signature of Participant

Date

---

Printed Name, Address and Telephone number of Participant

---

Signature of Parent or Guardian (required if Participant is under 18)

Date

---

Printed Name, Address and Telephone number of Parent or Guardian (required if Participant is under 18)

(Original signed Release to be provided to UNCG Associate Vice Chancellor for Facilities and kept on file for 10 years)