

DATE: _____



Adult Release and Waiver of Liability Fertile Ground Gathering

I, _____, do hereby state that I wish to participate in activities sponsored by Wilder Grove Retreats, LLC (WGR, LLC.) at the Fertile Ground Gathering Beltane event. I understand that WGR, LLC. makes no representations or claims as to the condition or safety of the land, structures, or surroundings of the property on which the event is held, whether or not owned, leased operated or maintained by WGR, LLC.

I understand that all activities are voluntary and that I do not have to participate unless I choose to do so. I understand that WGR, LLC. does not provide any insurance coverage for my property. I understand that I am responsible for my safety, my own health care needs, and the protection of my property.

In exchange for allowing me to participate in the activities of the event, I agree to release from liability, agree to indemnify and hold harmless WGR, LLC. and any WGR, LLC. agent, acting within the scope of their duties, for any injuries that may occur to my person or my property.

This release shall be binding on myself, successors in interest, or any person or persons who would attempt to sue on my behalf.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ, UNDERSTAND, AND AGREE WITH ALL OF THE STATEMENTS AND TERMS IN THIS DOCUMENT. I UNDERSTAND THAT THIS DOCUMENT IS COMPLETE UNTO ITSELF AND THAT ANY ORAL PROMISES OR REPRESENTATIONS MADE TO ME CONCERNING THIS DOCUMENT AND/OR THE TERMS CONTAINED HEREIN ARE NOT BINDING UPON WGR, LLC. OR THE AGENTS OF WGR, LLC. I EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ALL THE MEANINGS CONTAINED HEREIN.

In addition to the above, I have read and agree to abide by the Event Rules and the Health Policy as listed on the Fertile Ground Gathering website: <https://www.fertilegroundgathering.com/rules>
<https://www.fertilegroundgathering.com/health-policy>

Your initials: _____

LEGAL NAME (please print)

LEGAL NAME (signature)

ADDRESS: _____

PHONE: _____

EMAIL: _____

_____)o(_____

EMERGENCY CONTACT: _____

PHONE: _____

In case of emergency situations, please detail any special needs, food allergies, or medical condition (asthma, diabetes, etc.), which may require immediate action below: