



Volunteer Information and Assumption of Risk Lacy Garden 2025

ASSUMPTION OF RISK. As a volunteer for the Lacy Food Pantry Garden, I understand that I am working in a garden and farming environment and that certain hazards may be present, including, but not limited to, uneven terrain, irregular soil conditions, insects and pests, and changing weather conditions (including exposure to sun and/or heat). I acknowledge that I and other volunteers may be using unfamiliar equipment and participating in unfamiliar activities. I also acknowledge that I have a responsibility for my own protection and comfort and for the safety of others around me. I acknowledge that I am participating in a charitable agricultural recreational activity that is subject to the liability limitations set forth in Wisconsin Statutes Section 895.52.

MEDICAL TREATMENT. In the event of an emergency, I give permission to volunteer leaders at Lacy Garden to administer first aid and/or to secure necessary treatment by skilled medical personnel. Every effort will be made to contact the Emergency Contact person identified on the following page.

PHOTOGRAPHIC RELEASE. I further grant to Lacy Garden, its designees and successors, my consent to use my name, photograph, likeness, image, voice, and biography in connection with my participation for Lacy Garden or the District Council of Madison, Inc, Society of St. Vincent de Paul to use in any publications, advertising, publicity, internet pages or social media.

Signature: _____ Date: _____

Name (Printed): _____

Volunteer Email: _____ Phone: _____

Volunteer Address: _____

Anticipated date of service at Lacy Garden: _____



Check this box if you **do not** allow your image to be used publicly.

Photographic Release Opt-out

Parent/Guardian Consent for Minors

If the volunteer named above is under eighteen (18) years of age, I, the Guardian of the above-named volunteer, sign below providing my consent to the volunteer's participation subject to the above terms.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Email: _____ Phone: _____

Additional Volunteer Information

Emergency Contact: _____ Phone: _____

Group Affiliation (e.g., School name, Church, Club, or Company)

Any special skills or interests related to gardening?

How did you learn about this volunteer opportunity?

Would you like to receive the Lacy Garden weekly email via MailChimp?

Yes No