**Morris Arboretum** of the
**University of Pennsylvania**
*Official arboretum of the Commonwealth of Pennsylvania*

# The Morris Arboretum of the University of Pennsylvania
## Waiver & Release

I, _____, (please print name clearly) as an Arboretum volunteer intend to be legally bound on behalf of myself, my heirs, executors and administrators, and hereby waive and release the Trustees of the University of Pennsylvania (Penn) and The Morris Arboretum its successors, assigns, trustees, members, officers, employees and agents from any and all claims or demands for damages including injuries arising from or in any way connected with my participation in the above referenced activity. I have agreed not to interfere with the garden displays or living collections and to comply with the regulations and responsibilities imposed by the Morris Arboretum staff with respect to access and communication.

I acknowledge that my participation is voluntary and that I agree to assume all risks associated with this activity. In addition, I acknowledge that participation in this activity may involve risks that may be serious in nature. Any resulting injuries or damages may be caused by my own negligence or that of someone else. I agree not to hold the Trustees of the University of Pennsylvania responsible in any way for property damage, theft, bodily injury or any other claims or demands occurring as a result of this activity. I am voluntarily assuming the risk associated with my conduct.

I understand the terms of this Waiver and Release and by my signature below affirm that I am signing this waiver and release voluntarily

As evidenced by my signature below, I have read this form and fully understand the contents of this waiver and release. I have had an opportunity to ask any and all questions which I may have pertaining to the contents of this release and the activity to which it pertains. Furthermore, this agreement has been entered into voluntarily.

_____
Signature

_____    _____
Name (Please print clearly)                                                        Date

_____
EMERGENCY CONTACT Name (Please print clearly)

_____
EMERGENCY CONTACT Phone number (Please print clearly)