



## Unearthing Farm Internship Program Waiver of Liability and Release

Student's Full Name: Lilian Katherine Hernandez

School: The Howard school

Phone: 4042422310 Email: lilianhernandezk15@gmail.com  
Text

Home Address: 247 Lydia Dr SE 30315

L.H. (initial here) I commit to the following internship at ~~5 hours/week Total of weeks: 10~~ **5.5hrs for a total of 8 weeks**

I (please print name clearly) Lilian Katherine Hernandez acknowledge that I will be working, directly or indirectly, with Unearthing Farm Internship Program (UFIP), Unearthing Farm & Market and Gardens for Growing Community (hereafter referred to as "the Organizers") involving various outdoor tasks as outlined (but not limited to) in the internship description. I recognize fully that my presence and activity of work may involve some element of risk that I am willing to assume. I hereby agree to comply with UFIP's rules to ensure the safety of myself and the safety of those around me.

L.H. (Initial here) I, the undersigned, do hereby waive and release all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against the Organizers, its employees, staff, or partnerships arising out of, because of, or in connection with the duties, responsibilities, and work which I will undertake as a student intern.

L.H. (Initial here) I, the undersigned, do hereby agree to indemnify, defend, and hold harmless the Organizers, its various departments, employees, staff, or partnerships from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a student intern for UFIP.

L.H. (Initial here) I understand that I must request permission to ride with any employee of UFIP, I relieve and absolve the Organizers and its employees of all claims, lawsuits, or any causes of action that may arise from accompanying said employee. I further release, renounce and waive all claims, lawsuits, or any causes of action against any insurance company which insures the Organizers and its employees. I understand that if I carpool with other students from the program or if I take public transportation, the Organizers will not be held liable and I waive all claims, lawsuits, or any causes of action against those I willingly choose to accompany.



L.H (Initial here) I understand that this is a paid student internship position and if I don't comply with adhered rules—upon being given at least 2 warnings verbally and/or in writing, I can be terminated at any time during the 10-week program and I understand that I will not receive any due payment if I am terminated. Further, I understand that I am not entitled to benefits or workers' compensation benefits from UFIP. I further understand that I am not entitled to any vested rights to which an employee of UFIP may be entitled.

L.H (Initial here) I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned. I further understand that it is my responsibility to inform the representative if I cannot attend a particular day.

**Photo Release Consent:**

*Please check one of the options below*

**I grant the Organizers permission to be photographed**

**I do NOT grant the Organizers permission to be photographed**

I (print name) Lilian Katherine Hernandez, the student, or parent if minor is under 18, (check one option above) UFIP, Unearthing Farm & Market, and Gardens for Growing Community, permission to use my or my child's photographs for educational purposes, including by not limited to: publicity, copyright purposes, advertising, and web content. I understand that no compensation shall become payable to me by any reason of such use.

Participant Signature: L.H

Date signed: 03/09/25

***If under 18, parent or guardian signature is required:***

Parent (please clearly print name): Heidy Hernandez

Parent Signature: H.H Date 03/09/25

signed: H.H

