## Sea Quester Farms Volunteer Liability Waiver and Release Form 2025 (please read carefully)



Sea Quester Farms

Acknowledgment of Activities and Risks I, the undersigned, acknowledge and understand that I have voluntarily chosen to participate in activities at Sea Quester Farms as a volunteer. Activities

may include, but are not limited to:

- Research and data collection
- Measuring, harvesting, and processing kelp species
- Rigging, crane operations, heavy lifting and handling of materials including: laborious physical movements and tasks
- Boating, and working on the farm, includes: tying knots and securing equipment
- Food handling and preparation

I understand that these activities involve inherent risks, including but not limited to:

- Slips, trips, and falls on wet or uneven surfaces
- Crushing injuries, muscle strains, sprains, or other injuries from lifting and physical exertion
- Seasickness or motion-related discomfort
- Exposure to the elements, including sunburn, hypothermia, or dehydration
- Accidents involving boating, including capsizing or falling overboard.
- Cuts, scrapes, or punctures from tools and equipment
- Foodborne illnesses or reactions due to food handling

Assumption of Risk I voluntarily assume all risks associated with my participation in these activities. I acknowledge that I am physically and mentally able to safely participate in the volunteer tasks and have disclosed any relevant medical conditions to the organizers.

Release and Waiver of Liability I, for myself, my heirs, executors, and assigns, hereby release, waive, and discharge Sea Quester Farms, its owners, employees, agents, and affiliates from any and all claims, liabilities, damages, losses, or injuries arising out of or related to my participation in volunteer activities, including those caused by negligence.

Indemnification I agree to indemnify and hold harmless Sea Quester Farms, its owners, employees, agents, and affiliates from any claims, damages, or expenses arising out of my actions or participation.

Medical Treatment Authorization In the event of an emergency, I authorize Sea Quester Farms and its representatives to seek medical treatment on my behalf and agree to bear any associated costs.

Photographic Release I grant Sea Quester Farms permission to use photographs or videos of me taken during volunteer activities for promotional purposes without compensation.

Acknowledgment and Signature I have read and understood this Liability Waiver and Release Form. I voluntarily agree to its terms.

As consideration for volunteering for Sea Quester Farms, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Sea Quester Farms or its employees, agents, or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Sea Quester Farms, including released parties, as a result of my all released parties, from all actions, claims, or demands resulting from my participation, or the participation of any of the minors listed below, in the event.

| Volunteer Signature:                        | Date: |
|---|-------|
| Parent/Guardian Signature (if under 18):    | Date: |
| Sea Quester Farms Representative Signature: | Date: |