

Waiver of Liability and Indemnification Agreement

This Waiver of Liability and Indemnification Agreement will apply to all applications, in accordance with labeling instructions, of Dual MAGNUM on cabbage and transplanted peppers during the calendar year indicated below (user and/or grower signature and date). A new waiver of liability and Indemnification Agreement will be signed each calendar year.

| County or Counties | Acres | Rate per Acre |
|--------------------|-------|---------------|
| | | |

Mail this form with the administration fee to the Vegetable Growers Association of New Jersey, C/O 415 Hightstown-Imlaystown Road, East Windsor, NJ 08520. A copy will be returned for your records. Contact Pegi Ballister-Howells at 609-575-5585, fax 609-426-1875 or Pegi@comcast.net for more information.

| | |
|------------------------------|------|
| Grower and/or User Signature | Date |
|------------------------------|------|

| | |
|--------------|-------|
| Name (print) | Phone |
|--------------|-------|

| | |
|----------------|-------------------|
| Fax (optional) | E-mail (optional) |
|----------------|-------------------|

| | |
|---------|------------------|
| Address | City, State, Zip |
|---------|------------------|

STATE OF NEW JERSEY _____ County

I, _____, a Notary for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____

Notary Public _____

My commission expires _____

THE VEGETABLE GROWERS ASSOCIATION OF NEW JERSEY AUTHORIZATION:

| | |
|----------------------|---------|
| Authorized Signature | Payment |
| Date _____ | |

Fee to Recoup Cost of Third Party Label Program:

| | |
|--|---------------------------------------|
| _____ VGANJ Member | \$25 |
| _____ VGANJ non-members | \$125 (includes \$100 membership fee) |
| _____ Optional return by next day mail | \$10 |

Total Due VGANJ: _____