2020 Silver Bee Community Garden Plot Registration Form

OFFICE USE
Plot Fee Amount Paid _____
Plot Assigned _____

Plot Holder_____

Address _____

City_____ Zip _____

Phone (home)_____ (work) _____

Number of plots to be rented _____/Plot(s) Assigned

Primary Gardener Name(s): _____

Special needs or request: _____

How would you like to receive notice of upcoming events and information concerning your garden plot?

- ☐ Phone_____
- ☐ E-mail_____
- ☐ Other (e.g. Facebook) _____

A plot fee must be paid before the plot can be assigned.
Fee: 4' x 8' (box) plot $20.00

Would you be interested in serving on the Garden Committee? _____ Yes _____ No

_____First Time Gardener _____Some Experience _____Very Experienced

_____Would be willing to mentor other gardener

Each gardener is expected to volunteer a minimum of 5 hrs. per season to assist with chores and upkeep of common areas. **Task signup is required prior to plot assignment**

Mandatory Tasks-Please choose at least one

Mowing May__June__July__Aug__Sept__Oct__

Trimming Duty _May__ June__July__Aug__Sept__Oct__

Watering- flower boxes and hanging baskets- June__July__Aug__Sept__Oct__

Compost(Turning and maintaining) May__June__July__Aug__Sept__Oct__

SILVER BEE COMMUNITY GARDEN

LIABILITY WAIVER

I, _____ (print full name), am a participant in the Silver Bee Community Garden. As a condition of being allowed to participate in the Community Garden, I agree to the following:

1. I have received, reviewed, understand and agree to abide by the rules and regulations relative to use of the Silver Bee Community Garden and understand that use of the Silver Bee Community Garden may be denied if policies or rules are not followed.

2. I understand that my use of the Silver Bee Community Garden is voluntary and I do so at my own risk. I understand that neither the garden group nor owners of the land are responsible for my actions.

3. I understand that gardening is a potentially hazardous activity and hereby agree to expressly assume and accept all risks associated with gardening and the use of the Silver Bee Community Garden, including, but not limited to, those caused by terrain, facilities, soil conditions, temperature, physical exertion, insect/ rodent exposure, chemical exposure and actions of other people, and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have had any questions about the Silver Bee Community Garden, its nature, risks or hazards, I have contacted the garden coordinator and discussed those questions with him or her to my satisfaction.

4. As consideration for being allowed to use Silver Bee Community Garden, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives waive, release, and forever discharge the Silver Bee Community Garden Board, the Garden Coordinator, volunteers, other gardeners, and the cooperating landowner (the City of Kellogg), each of its officers, agents, employees, representative, and all others from any and all responsibilities or liability for injuries (including death), damages or loss including claims or causes of action, including those caused by the negligent acts or omissions of any of those mentioned, resulting from my use of the Silver Bee Community Garden or in any activities connected with the community garden.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date _____Participant's Signature _____

Printed Name _____

If participant is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date_____ Parent or Guardian Signature _____

Printed Name_____

Silver Bee Community Garden Representative Signature_____

Printed Name_____