

2018 La Crescent Community Garden Registration

Gardener Name(s): _____

Gardener Address: _____

Phone Number(s): _____

Gardener Email: _____

Plots (10'x10') Desired: ___0___1___2 2018 fee for plots in the Community Garden is \$25 per plot.

OPTIONAL: Would you like to be part of the Group Areas (formerly known as Communal Areas) - these are extra areas where gardeners can grow food to share with the food shelf, and among those who help in these areas, and with any others if enough. This requires a commitment to help in the section you select to help with. ___ YES ___ NO ___ MAYBE?

Please check here to show that you agree to do the following:

- ___ • Keep my plot weeded and tended
- ___ • Abide by decisions made collectively by the gardeners who participate in coordinating the garden
- ___ • Follow land use and parking rules and other program requirements
- ___ • Clean up my plot at the end of the gardening season; clear if not returning next year
- ___ • Use organic practices
- ___ • Volunteer to make our garden a safe, productive, and attractive place: help with set up, take down, and maintenance of the community garden as a whole - 2 hrs over the year.

Photo Permission: Community Garden volunteers and the news media sometimes take photos at the gardens. We like to share photos of the garden and gardeners on our Facebook page and on the Healthy Community Partnership website.

___ I give permission for my photo to be published.

___ I do not want my photo published.

If you do not want to be in published photos, please let any photographer you see at the garden know ahead of time.

Communications:

Best way to reach me: ___email ___ phone ___text

___ My phone number can be included on a phone list to be shared with fellow gardeners.

___ My email can be shared to be included in the group email list.

May we include your email in the visible 'To:' field, or do you prefer to be listed in the 'Bcc:' field (blind carbon copy) of emails? (Sometimes there are conversations where gardeners reply all, and I try to forward those to any who choose to keep their email private in the Bcc field.) ___ Put my email in the "To:" field ___ Please BCC me

If you are an experienced gardener, could you help a new gardener and answer their questions? ___ Yes ___ No

Signature of Gardener responsible for plot:

___ Hold harmless waiver signed (on back)

_____ Plot fees Cash or check, payable to La Crescent Community Garden.

_____ Optional donation to the Community Garden

Mail to: Community Garden c/o HCP 703 S 11th St., La Crescent. MN 55947



Thank you for filling out this registration form!



La Crescent Community Garden

HOLD HARMLESS AGREEMENT

The undersigned releases and agrees to indemnify and hold harmless the La Crescent Area Healthy Community Partnership and Messiah Lutheran Church, and their officers, employees, and agents from any and all claims including but not limited to property damage or personal injury, arising from Community Garden related activity during 2018.

All gardeners who use the garden should sign; if under 18 years of age, the signature of a parent or legal guardian is required.

Participant 1 signature

*Signature of Parent of Legal Guardian
(if under 18 years of age)*

Printed Name

Participant 2 signature

*Signature of Parent of Legal Guardian
(if under 18 years of age)*

Printed Name

Participant 3 signature

*Signature of Parent of Legal Guardian
(if under 18 years of age)*

Printed Name

Participant 4 signature

*Signature of Parent of Legal Guardian
(if under 18 years of age)*

Printed Name

Participant 5 signature

*Signature of Parent of Legal Guardian
(if under 18 years of age)*

Printed Name