



Killingworth Community Gardens Application and Waiver

Plots are subject to availability and assigned first come - first serve. Gardeners from prior year are given first right of refusal. Application fee is non-refundable. Contact Tina at mgr.parmaleecommunitygarden@gmail.com for information and availability.

Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____ (please print clearly)

Gardeners are expected to maintain their plots including weeding and produce collection. Paths are mowed so all tools/garden amendments etc. should be inside the plot area and rocks removed to designated area. Water is available from April-October.

Advisement of Risk

Please read this form carefully and be aware that in registering for a plot at the Killingworth Community Gardens you are advised of the risks which you may experience as a result of participating.

The Killingworth Community Gardens is an activity in which, despite preparation, instruction, medial advice, conditioning and equipment, there is still a risk of injuries as the following. This list is by no means complete or exclusive, but includes:

1. Muscle strain and other muscle injuries
2. Foot problems.
3. Heat stroke or heat exhaustion
4. Insect bites

I further agree to indemnify, hold harmless and defend the Town of Killingworth and the Killingworth Community Gardens, its officers, agents, employees and authorized volunteers from any and all claims by me or other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the Gardens.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

I have read and understand the garden guidelines and agree to comply with them. I understand that failure to comply with guidelines will result in loss of gardening privileges and the reassignment of my plot without refund of fees. I understand that a garden coordinator may pick ripe produce from my plot for delivery to the Food Pantry if plot is determined to be neglected.

Signed _____ **Date** _____

Please check all that apply

Garden plot \$30 x _____ (20x20)

Fee Paid _____

Make checks payable to **Town of Killingworth with Community Gardens attn. R. Regolo in the notes.**