

Branford Community Gardens, Inc. Application and Waiver, 2019

Mail signed application and waiver to Branford Community Gardens, Inc., P.O. Box 34 Ave., Branford, CT 06405. All sections of the application must be completed. All family members who will be gardening must sign both sections of this form. The fee for a 20x20 ft. plot is \$35. The fee for a 20x10 ft. plot is \$20. Plots are subject to availability. Do not send money unless BCG, Inc. has informed you that there is a plot available or you are a returning gardener. Returning gardeners should send a check with their completed waiver.

Name: _____

Mailing address: _____

Phone: _____

Email: _____

Age: (must be 18 years or older): _____

Gardening experience (circle one): Experienced/Some experience/Little or no experience

Preferred plot size (circle one): 20x20ft 20x10 ft Volunteer

I have read 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 reassignment of my plot without refund of fees, as determined by Branford Community Gardens, Inc.

Signed:

Date:

Advisement of Risk

Please read this form carefully and be aware that by registering for a Branford Community Gardens, Inc. plot you are advised of risks that you may experience as a result of participating. Activities involved in participation may, despite preparation, instruction, medical advice, conditioning and equipment, involve risk such as muscle strain and other muscle injuries, heat exhaustion or heat stroke, and insect bites. This list is by no means complete and simply serves as an example. further agree to indemnify, hold harmless and defend the Town of Branford, the Branford Board of Education, Branford Community Gardens, Inc., its officers, agents, employees and authorized volunteers, from any and all claims by me or other parties resulting from injuries, damages, losses arising out of, connected with, or in any way associated with activities of Branford Community Gardens, Inc. I have read and fully understand the above. I understand this agreement shall not be modified orally.

Name:(please print): _____

Signed: _____

Date: _____