

Town of Silt Community Garden 2023 Registration Form

I am a Returning Gardener.

I am a New Gardener.

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Will anyone else be working on the garden plot? (circle one) Yes No
(If yes, please fill out an additional Registration and Waiver form for each participant)

Plot Selection:

Returning Gardeners:

- Same plot as previous year. Plot # _____
- I would like a different plot if available.

New Gardener:

- I will take any plot available.
- I request specific plot # _____.

Garden Fees:

Garden plots are \$15.00 per plot per year. Reservations for garden plots cannot be made before February 1st. Please make check payable to the Town of Silt. Only one plot per family will be assigned, however after April 1st, any remaining unassigned plots will be available on a first come first serve basis.

Garden Rules:

I have read and understand the Town of Silt Community Garden Rules/ Guidelines and agree to follow them; knowing that non-compliance could result in immediate loss of my garden plot **without a refund**.

Signature: _____

For Office Use Only:

Plot #: _____

Check # _____

Date Received: _____

Receipt # _____

Total Paid: _____

Community Garden Waiver and Release for Participants

READ CAREFULLY BEFORE SIGNING

Important Notice: Participation in this program is at each participant's own risk. Any and all claims for injury or damage must be waived and released as a condition to participation. By participating, the participant agrees to assume all risk and to hold the Town of Silt completely harmless therefrom. If a participant receives any assistance from a person ("assistant"), the participant is responsible to notify the assistant of this waiver of liability and assumes responsibility for the assistant. The assistant shall be required to sign this release. No security is provided at the Community Garden or within the Program area. Parents are responsible for the safety of their children at all times.

I agree to waive, release, absolve, hold harmless, and indemnify the Town of Silt, and its officers, agents, employees and volunteers from and against all damages, claims, demands, suits, or actions resulting from my occupancy or use of the Community Garden property. Damages may include, but are not limited to, damage, or loss of property or physical injury or death to me or to any other person. I assume all risks and hazards for myself and for any minor children with me incidental to the conduct of this activity, including but not limited to the risk of physical injury. I understand there is no insurance coverage provided by the Town for this activity. Any insurance is my personal responsibility.

I agree to act in a safe, prudent and responsible manner at all times while using the Community Garden. I agree to be respectful of other people using the Community Garden and of their property.

Signature _____

Date _____