

Scotia Community Garden

Application & Release of All Claims

Application:

Name: _____
Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Phone #'s: Day: _____ Evening _____
Cell _____
E-Mail Address _____

Check all appropriate items:

- I would like to garden next to a friend. Name of friend: _____
- I have a child(ren) that I would like to participate with me.
Number & ages of children: _____
- I am a senior citizen.
- I am physically disabled.
- I have never gardened before.
- I have garden experience of approximately ____ years.

RAISED BED

40"w X 80"l - \$15

Number of Beds (Maximum 3) _____ @ \$15 each Total: \$ _____

Please note the community garden is available to Village residents only. Plots are limited and are granted on a first come, first serve basis. Fees will be used to offset cost of running the garden and to purchase misc. supplies including communal gardening tools, soil etc. Fees are suggested donations.

Release of All Claims

I, _____, am a willing participant in the Scotia Community Garden. As a condition of being allowed to participate in the Scotia Community Garden, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the Scotia Community Garden and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have any questions about the Scotia Community Garden, its nature, risks or hazards, I have contacted the Garden Organizer and discussed those questions with him to my satisfaction.

In consideration of being granted the opportunity to participate in the Scotia Community Garden, I, for myself, my children, my executors, administrations, agents and assigns (the "Releasees") do hereby release, forever discharge and covenant not to sue the Garden Organizer, the Village of Scotia and their officers, agents, or employees, volunteers, other gardeners, from all claims of damages, liability, loss, costs, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this Release means that among other things, I am giving up my right to sue for any such losses, damages, injury or cost that I may incur.

1. I hereby agree to indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Village premises or in any way observing or using any facilities or equipment of the Village or participating in the Scotia Community Garden whether caused by the negligence of the Releasees or otherwise.
2. I agree that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
3. I have carefully reviewed and read this agreement. I understand it and sign it voluntarily

I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature

Printed Name _____ Date _____

Parent/Guardian's Signature

Printed Name _____ Date _____

