



**Leland Community  
Garden Application  
Form**

Primary Gardener Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Plot: \_\_\_\_\_ Individual \_\_\_\_\_ Communal

Size of Plot Requested (Individual Only): \_\_\_\_\_ Raised Bed \_\_\_\_\_ Other

Desired Growing Seasons: \_\_\_\_\_ Spring/Summer \_\_\_\_\_ Fall/Winter \_\_\_\_\_ Both

Other person(s) allowed to garden plot:

Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

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## 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 against the Town of Leland are hereby waived and released as a condition to participation. Even if a waiver and release is not signed, by participating, the participant (and invited guests) agrees to assume all risk and to hold the Town of Leland completely harmless therefrom. 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, defend and indemnify the Town of Leland, and their 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 waived 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 \_\_\_\_\_  
(Parent or guardian signature needed for minor)

Date \_\_\_\_\_

### For Office Use Only

Leland Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Season(s) Granted: Spring/Summer \_\_\_\_\_ Fall/Winter \_\_\_\_\_ Both \_\_\_\_\_

Garden Rental Fee: (Check/Cash/Card) \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff's Initials: \_\_\_\_\_

Eligible for Renewal: Yes \_\_\_\_\_ No \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Renewal Fee: (Check/Cash/Card) \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff's Initials: \_\_\_\_\_

Season(s) Renewed: Spring/Summer \_\_\_\_\_ Fall/Winter \_\_\_\_\_ Both \_\_\_\_\_