Plot Request Form

(2016 Growing Season)

Groveport Community Garden
c/o: Groveport Recreation Department
7370 Groveport Road • Groveport, OH 43125
614-836-1000 / www.groveportrec.com

☐ NEW ☐ RENEWAL

Gardener's/User's Information (Adult #1):

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____-_____ Work Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

Email Address: _____

Names of any children that may be gardening with the Adult(s): _____

Gardening Partner's Information (Adult #2):

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____-_____ Work Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

Email Address: _____

Names of any children that may be gardening with the Adult(s): _____

Please answer the following questions:

1. How many plots would you like to garden? Please circle. 1 2
   ** Persons may not purchase more than (2) plots for the season, unless approved by the Director of Parks & Rec.*
   ** Additional plots may be issued at a later date.*

2. I have received a copy of the Groveport Community Garden Guidelines, Rules & Agreement? ☐ YES ☐ NO

NOTE: All gardeners are required to share their address, phone numbers and email address with Groveport Community Garden leaders. In addition, a Gardener Phone & Email List is shared with all gardeners.

LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT:

In signing this release for myself and for any named immediate minor family members, I acknowledge and understand that as a participant at the Groveport Community Garden, I/we may be exposed to risks of serious bodily injury, sickness or death due to circumstances inherent recreational activities, including the negligent acts or omissions of others. In exchange for being permitted to participate, I/we voluntarily agree to assume all of these inherent risks. I/we agree to hold harmless and release the City of Groveport and the Community Garden Committee, its commissioners, officials, employees, volunteers and other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, and economic loss, arising from my/our participation. I/we further agree to protect, indemnify and hold harmless the City of Groveport and the Community Garden Committee for any and all cost, liability, expense and claim arising from any act or omission committed by myself or the named participants related to the City's facilities, activities and programs, and/or other activities or programs sponsored by or affiliated with the City of Groveport. I/we agree to follow all Guidelines, Rules & Agreements, and realize that my/our right to participate may be terminated at any point in time for not adhering to documents. I hereby give the City of Groveport the right to use my photographic image for any and all purposes. I understand that any information provided may be subject to disclosure under Ohio Records Law. **ALL ADULTS IN YOUR GROUP THAT ARE PLANNING TO PARTICIPATE IN THE COMMUNITY GARDEN ARE REQUIRED TO SIGN BELOW.**

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

FOR OFFICE USE ONLY:

Residency Verification: ☐ Driver Lic. ☐ Utility Bill ☐ Cty. Auditor ☐ Pay Stubs

Classification: ☐ Resident ☐ Corp. Res. ☐ Non-Res.

Method of Payment: ☐ Cash ☐ Credit Card ☐ Check

Staff Processing Transaction: _____ Date: _____/_____/_____