



Community/Pollinator Gardens

Garden Plot Size: **10 x 20 feet**

Community Garden Location: _____

Community Garden Group Coordinator Name:

Home
Address: _____

_____ Province: ON / Postal Code: _____

Main Phone Number : _____

Email Address : _____

If additional gardeners will access the plot please provide name & phone numbers:

_____	_____
_____	_____
_____	_____
_____	_____

Garden Plot Rules:

Please note that all gardeners are expected to observe the following rules:

1. The garden pots must be maintained in a weed-free and garbage-free condition. Any refuse can be placed in the area near plots for removal.
2. Plants placed in garden plots should be of annual variety, or be capable of being removed at the end of the season.
3. Water is available from the Township provided rain barrels.

4. Any equipment used on site of the garden plots must be removed each day.
5. Each person is responsible for guests visiting their garden plot site.
6. Please show respect to neighbouring properties. Trespassing on neighbouring properties is strictly prohibited.
7. Gardeners must clean up at the end of the season.

Waiver

I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waiver and forever discharge, the Corporation of the Township of Adjala-Tosorontio and all other associations sanctioning bodies and sponsoring companies, and all respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns of and from all claims, demands, in all respect of death, injury, loss or damage to my person or property howsoever spectator, participant, or otherwise; whether prior to, during subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of any aforesaid.

I further hereby undertake to hold and save harmless and agree to indemnify all of aforesaid from and against any all liability by any or all of them arising as a result of, or in any way connected with my participation that said event.

By submitting this application, I acknowledge I have read, understood and agree to the above waiver release and indemnity.

Name: _____

Date: _____ Signature: _____