



2017 Farm Park Community Garden Application Form

Printing on both sides – total of 2 pages

Gardener's Name(s): _____

Please check membership type: Resident Senior Resident Non-Resident

Returning Member: Yes No

Mailing Address, City, Zip: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

E-Mail Address #1: _____

E-Mail Address #2: _____

ANNUAL FEE INFORMATION (February to November)

Please make checks payable to: City of Germantown – Community Garden. Fees include water, large tools, wheelbarrows, mulch, seeds and other garden supplies as deemed necessary by the garden coordinator.

FEE PAYMENT (Check the one that applies):

Germantown resident under 65	\$ 75 _____
Germantown Senior 65 & older	\$ 50 _____
All non-residents	\$ 110 _____

GARDENSHIP FUND DONATION ENCLOSED \$ _____ *(Tax deductible)

A donation to the GARDENSHIP FUND will help provide a garden membership at a reduced rate to those in need or be used for garden enhancement projects.

TOTAL AMOUNT ENCLOSED \$ _____

Staff Only

Received by: _____ Date: _____

Payment Method: Check #: _____ Visa/MC

IMPORTANT INFORMATION

The following is required to participate in the Community Gardens Program:

1. Please fill out this application. An orientation and season start-up meeting will be held on Saturday, April 1, 2017 at 9:00 a.m. at the Bobby Lanier Farm Park. Additional information and more details will be sent to all those registered. Please mark this on your calendar and save this date!
2. Please fill out and sign the Acknowledgment of Risk & Release form on Page 2 of this form.
3. Fee must be received at the time of application.
4. Send application forms and fee to:

BL Farm Park Community Garden Membership
C/O City of Germantown Parks and Recreation Department
2276 West Street
Germantown, TN 38138

COMMUNITY SERVICE INFORMATION

There will be work requirements for all aspects of the garden operations and fundraising events. There will be flexibility when members choose to work. Each member is required to contribute a minimum of two (2) hours of volunteer service per week. Shifts are from 8-10 a.m., Tuesday through Saturday. Additional hours of garden related community service may be requested by garden team as needed - during planting season, peak harvest times or special projects work days.

BL FARM PARK COMMUNITY GARDEN DIRECTORY AND PUBLICITY ACKNOWLEDGEMENT

A directory of the community gardeners will be published after the garden registration is complete. The directory will contain names, phone numbers, and e-mails, for use solely by other community gardeners, the Parks and Recreation Office and Farm Park staff. By signing this agreement, I hereby give permission to share this information for the purpose of community garden and farm-related activity and communications.

I understand that photographs, digital images, or videotape of community garden members and their guests, program participants and spectators may be used for promotional or marketing material.

Gardener's Signature: _____ Date: _____

ADVISEMENT OF RISK, RELEASE AND MEDICAL AUTHORIZATION

Please read this form carefully and be aware that in registering for participation in this BL Farm Park Community Gardens Program you are advised of the risks which you may experience as a result of participating in this Program. The Community Gardens Program is an activity in which, despite preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injuries such as the following. This list is by no means complete or exclusive, but includes:

- 1. Muscle strain and other muscle injuries.
- 2. Foot problems.
- 3. Heat stroke or heat exhaustion

I release all claims which may arise against, and agree not to sue, the City of Germantown, the Parks and Recreation Department and the BL Farm Park Community Gardens Association and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in the Program. I further agree to indemnify, hold harmless and defend the City of Germantown, the Parks and Recreation Department and the BL Farm Park Community Gardens Association and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the Program. In the event of any emergency, I authorize the City of Germantown, the Parks and Recreation Department and/or the BL Farm Park Community Gardens Association staff or volunteers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

My signature below indicates that I have read and fully understand the above. I understand this agreement shall not be modified orally.

Gardener's Signature(s): _____ Today's Date: _____

Gardener's Name(s): _____ Birth Date(s): _____

Please print

-----This section for adding other household minors on the adult membership-----

Additional family members (children 18 or under/or still in High School) living in the household and may participate in garden/farm related activities with the adult parent/guardian:

Name: _____ DOB: _____ relationship: _____

Name: _____ DOB: _____ relationship: _____

Name: _____ DOB: _____ relationship: _____