

2020 Hale Community Gardens - Registration for Returning Gardeners

Names of Gardener/s _____

Email/s _____

Mailing Address _____

Phone Number _____

I understand I have a responsibility to be considerate of others while gardening and volunteering at Hale Community Garden site. I have read and will observe the 2020 gardening guidelines.

I have signed the hold harmless agreement between gardeners and the Town of Blacksburg.

Gardener Signature: _____

Gardener Signature: _____

PLOT RENTAL FEES – Due by Feb 10, 2020 (after 2/10/2020, add \$10 late fee)

__ \$35 Full plot __ \$25 Half plot __ \$10 Raised Bed

Check number _____ Payment Amount _____

Checks made payable to Live, Work, Eat, Gather, Inc.

Include gardener name and plot number in memo line on check.

Mail the registration form and payment to P.O. Box 847, Blacksburg, VA 24063.

Garden Coordinator: Jenny Schwanke
Mailing Address: P.O. Box 847, Blacksburg, VA 24063
Email: blacksburgcommunitygardens@gmail.com

The Hale Community Garden is a program of Live, Work, Eat, Gather, INC. The mission of Live, Work, Eat, Gather, Inc. is to cultivate and nourish community through the support of local food and farms, the creation and growth of jobs, the security of the home, and the gathering of friends and neighbors.

HALE COMMUNITY GARDEN
HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT

In consideration for receiving permission to participate in the Community Garden Program, I, _____ (Participant) acknowledge the following with regard to Live, Work, Eat, Gather, Inc. ("LWEG") and the Town of Blacksburg, as well as their officers, agents, or employees.

I am fully aware of the physical risks and hazards connected with the activities of participating in community garden activities (including, but not limited to sunburn, heat stroke, cuts, rashes, insect bites, and physical overexertion) and I am aware that such activities include the risk of injury or even death, and I hereby elect to voluntarily assume these risks. By signing below, I accept full responsibility for the health and well-being of myself and any minor child(ren) through participation in this program, as well as responsibility and risk for any loss or damage to my property as a result engaging in such activities. I agree to indemnify and hold harmless LWEG and the Town of Blacksburg from any loss, liability, damage, or costs, including court costs and attorneys' fees that the LWEG and the Town of Blacksburg may incur due to my participation in said activities to the fullest extent allowed by law.

I further agree that this Agreement shall be construed in accordance with the laws of the Commonwealth of Virginia and that any mediation, suit, or other proceeding must be filed or entered into only in Montgomery County, Virginia. Any portion of this Agreement deemed unlawful or unenforceable shall be severable.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily.

Participant's/Parent's Signature _____

Date: _____

Printed Name _____

Minor's Printed Name _____

