

Park Cleone Community Garden  
2022 Registration Form

I am a Returning Gardener.  I am a New Gardener.

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_

Plot #: \_\_\_\_\_

Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

Total Paid: \_\_\_\_\_

Returning Gardeners:

Same plot as previous year. Plot # \_\_\_\_\_

I would like a different plot if available. Plot # \_\_\_\_\_

New Gardener:

I will take any plot available.

I request specific plot # \_\_\_\_\_.

**Garden Fees:**

Garden plots are \$25.00 per plot per year, payable by cash, check or credit card. Please make check payable to the City of Fairview. Only one plot per family will be assigned, however after May 15 any remaining unassigned plots will be available on a first come first serve basis.

**Garden Rules:**

I have read and understand the 2022 Park Cleone Community Garden Rules and Gardener Responsibilities and agree to follow them, knowing that non-compliance could result in immediate loss of my garden plot **without a refund**.

Signature: \_\_\_\_\_

**Community Garden Waiver and Release for Participants**

***Important Notice: Participation in this Program is at each participant's own risk. Any and all claims for injury or damage must be waived and released as a condition to participation. Even if a waiver and release is not signed, by participating the participant agrees to assume all risk and to hold the City of Fairview completely harmless there from. 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, and indemnify the City of Fairview, and its 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 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 City 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: \_\_\_\_\_ Date \_\_\_\_\_

**Send form along with payment to: City of Fairview 1300 NE Village St, Fairview, OR 97024**