

Community Garden Application

Name: _____

Address: _____

Email: _____

Phone: _____

Are you interested in serving on the community garden committee? Yes _____
No _____

If you are interested, we will compile contact information and forward that information to everyone via email.

I have read and understand the Pottsville Community Garden Guidelines.

Insert release information

Waiver, Release, & Indemnification:

In consideration of the acceptance of my application and the permission to participate in the 2023 Pottsville Community Garden Program, I, for myself and/or my parent/guardian, HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE, the City of Pottsville, and all other associations or sponsoring companies, OF ALL AND FROM ALL claims, demands, costs, expenses, actions and causes of action, whether in law or equity, in arise by reason of my participation in the said program, whether as a participant, or otherwise, whether prior to, during, or subsequent to the program.

An Attestation-I attest and verify that I am fully aware of the physical risk of injury or death in participating in this program and voluntarily agree to accept FULL RESPONSIBILITY and LEGAL LIABILITY for the same. I am also aware that the weather conditions during this program may be unpredictable thus posing an increase in physical risk. By submitting this entry, I acknowledge having read **and** agree to the waiver, release, indemnification, and attestation.

Signature

Date