



Neighborhood Services
 38250 Sierra Highway
 Second Floor
 Palmdale, CA 93550
 661/267-5126
 Fax 661/267-5155
 twheeler@cityofpalmdale.org

COMMUNITY GARDEN PLOT APPLICATION

CONTACT INFORMATION			
Name:			
Date of Birth: <i>(Must be at least 18 years old)</i>			
Street:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email:			

GETTING INVOLVED	
<input type="checkbox"/> Yes <input type="checkbox"/> No	All plot owners are required to weed the pathways and open spaces occasionally. Will you be able to spend time weeding in the communal area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in volunteering for special garden events? (Classes, garden amending, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to have a garden mentor assigned to you? By checking yes , you agree to have an experienced gardener help you throughout the gardening season and answer any questions you may have.

PERSON TO NOTIFY IN CASE OF EMERGENCY			
Name:			
Street:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email:			





Thanks to the generous support of the Warnack Foundation, plots are **free** to committed Palmdale gardeners.

# OF PLOTS	PLOT #	GARDEN ADDRESS

INFORMED CONSENT/PARTICIPANT RELEASE

In consideration of the City accepting my application, I hereby for myself, my children, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Palmdale and/or its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored or coordinated by either of these groups. I hereby release from liability and waive any and all claims against any person who, on behalf of the City of Palmdale, is involved in the transportation of participant in connection with sponsored activity. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that either a licensed physician or trained emergency care technician may provide such treatment. I understand that the City of Palmdale is not responsible for lost, stolen, or damaged produce, tools, and/or other materials from my garden plot whether these items belong to me or to the City. This includes, but is not limited to, anything stolen from individual plots, damage caused by actions of other people, and damage from weather. I agree that the City of Palmdale may use, reproduce, disclose and distribute participant’s name and/or photograph for the purpose of marketing and advertising. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the City of Palmdale is relying on such acceptance in permitting participant to engage in City of Palmdale activities.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a plot owner, I must adhere to all rules written in the gardening policy manual. Any rules that are broken may result in my immediate dismissal.

If two adults will be sharing a plot, both will need to sign.

Primary Plot Owner Name* (Print)	
Signature	Date
Secondary Plot Owner Name (Print)	
Signature	Date

*By signing as the primary plot owner, you will be responsible for the plot overall. This includes being the main contact person having responsibility for the plot, maintenance, and cleanup.

FOR OFFICE USE ONLY — PLEASE DO NOT WRITE IN THIS SECTION