



Garfield Community Garden (GCG)
1022 E. Garfield Street, Phoenix -
GarfieldNeighborhoodGarden@gmail.com

Sponsored by Garfield Organization and Maricopa County Adult Probation
Garden Agreement

I, _____ (print name) have read and agree to abide by the Rules and Regulations and Lease and Plot Allotment Requirements for the Garfield Community Garden. I agree to schedule a meeting with a Board Member for a check-in during November and to volunteer at least 3 hours of time for general garden upkeep during the season.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Printed Name _____

Phone Number _____

Email Address _____

Release of All Claims

I, _____ (print name) am a participant in the Garfield Community Garden. As a condition of being allowed to participate in the Garfield Community Garden, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the Community Garden and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have had any questions about the Community Garden, its nature, risks or hazards, I have contacted the garden coordinator and discussed those questions with him or her to my satisfaction.
2. In consideration of being granted the opportunity to participate in the Community Garden, I, for myself, my executors, administrators, agents and assigns, do hereby release and forever discharge the Garden Committee, Garden Coordinator, volunteers, other gardeners, and the cooperating landowner from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur.

I represent and certify that my true age is either 18 or more years old and I have [or, if I am under 18 years old on this date, my parent or legal guardian represents and certifies that s/he has] read and signed this form. I have read this entire Release, fully understand it, and agree to be legally bound by it.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Printed Name _____



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Interest Form

Season:

Interest Form Due:

Please email your answers to the questions below to GOgarden85006@gmail.com

(or return a paper copy to Kris Gade)

1. Name:
2. Phone Number:
3. Email:
4. Are you applying as an individual or as a part of a group/organization?
5. Have you read through the Garfield Garden Rules and Regulations?
6. Do you live in Garfield?
If not, how are you affiliated with the Garfield Neighborhood?
7. Is there a particular plot or type/size of plot you would like to request?
8. What do you plan to grow for this season?
9. Do you have any previous gardening experience?
(For our information only; previous experience is not required!)
10. Any questions for us?