



**2019 HAGERSTOWN COMMUNITY GARDEN
APPLICATION
(Please Print)**

Responsible Gardener/Plot Holder: _____ Email Address: _____

Name of Group/Organization (if applicable): _____ City resident (Y/N)? _____

Address: _____

Telephone Number(s): Daytime: _____ Evening: _____

Names of Gardening Partners: _____

Application Type:

- Returning Gardener (Application due **with full payment** by December 16th) Plot # _____
- New Gardener (Application due **with full payment** after January 1 and due by February 15th)

Requested Plot Size (cost per plot):

- 8' X 16' (128 sf) - \$20/Season*
- 12' X 16' (192 sf) - \$30/Season*

Please Check Method of Payment: Check # _____ Cash _____

- Request elevated box due to physical disability (limited amount available)

** A 50% reduction in plot fees is available but you must complete a separate application form and reduction in fees must be approved by the Operating Committee of the Association. Send in FULL payment with application.*

- =====
- **RETURN APPLICATION TO:** City of Hagerstown, Parks & Recreation Division, 351 N Cleveland Ave, Hagerstown, MD 21740 in Fairgrounds Park by no later than the dates specified above. Please call 301-739-8577 Ext 169 if you have questions.
 - THIS IS A SEASONAL PERMIT ONLY. Application must be made each year and fees paid to obtain a Plot for the season.
 - Any waste material(s) must be removed by the plot holder on a monthly basis and again prior to the end of the season (December 15th of each year). Compostable materials must be used, composted or removed by the plot holder by the end of the season.

**BRING PERMIT WITH YOU IN CASE OF CONFLICT AT THE SITE.
NO ALCOHOLIC BEVERAGES OR SMOKING IS PERMITTED**

Signature & Verification (please initial in front of each statement below):

- ___ I have read and agree to abide by the Garden Rules and Association By-Laws and understand that violations may result in the termination of my plot rental...
- ___ I understand that if I am assigned a garden plot, it is my responsibility to do the following or I will relinquish my plot:
- contribute at least 4 hours to scheduled workdays.
 - attend the biannual meetings.
 - maintain the plot and adjacent paths.
 - plant vegetables, herbs or flowers in compliance with Garden Rules.
 - obey compost guidelines.
- ___ I understand that all garden-related correspondence will be sent to the email address(es) in this application, and acknowledge that it is my responsibility to inform a Leader should my email address change. If no email, then cell phone or home phone shall be kept current
- ___ I understand that neither the garden group nor The City of Hagerstown are responsible for my actions. I therefore agree to hold harmless the Association and the City of Hagerstown for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

It is hereby agreed and understood that the above Facility is reserved, as specified, for the use of the above named person (Responsible Gardener/Plot Holder). The Facility reserved is subject to inspection by any authorized representative of The City of Hagerstown in order to assure proper use of City property. This permit must be in the possession of the person to whom it is issued and shown upon request. If the above named person is part of a group, the person above assumes liability and responsibility for the conduct and good order of the group and its invitees and guests.

The Gardener shall be responsible for any and all loss, damage or injury to any and all personal property that it or its agents, representatives, invitees or guests, may bring to, store at, or leave at the Facility, and shall indemnify and hold harmless The City of Hagerstown and any department, agent, official and/or employee thereof for any personal injury incurred during, or as a result of such use. The Gardener further agrees to abide by all procedures, policies, and rules governing use of the Community Garden.

Responsible Gardener/Plot Holder: _____ Date: _____
(signature)

Any Gardener under the age of 21 must have the signature of a parent or guardian who shall assume any and all responsibility and liability as set forth above and the person signing must be the rental event.

Parent/Guardian: _____ Date: _____

| | |
|-----------------------------------|--------------------|
| APPROVED: _____ | Date: _____ |
| Authorized Representative | |
| PLOT NUMBER ASSIGNED _____ | |