



2017 Community Garden Program

Brown County Parks and Recreation

Office use only

Date Rec. _____

Receipt # _____

By: _____ Amt. _____

Cash ___ Ck# _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____



Participants in the Gardening Program with Brown County Parks and Recreation hereby agree to the following rules:

- 1.) The BCPR and/or its appointed representative will assign plots. Current gardeners have priority in retaining their existing plots
 - 2.) Plots must be cleared of all trash, cages, etc. by October 28th to be eligible for renewal.
 - 3.) Gardeners must consistently maintain their plot(s) throughout the garden season, such as weeding, watering, harvesting ripe produce and removing all dead or diseased plants. Gardeners must make arrangements for someone to weed, water and harvest in their absence. Walkways between plots must be maintained by plot renters.
 - 4.) Pathways must be kept clear of overgrowing plants, gardening supplies and equipment.
 - 5.) Equipment may be stored in your own plot(s). Items will need to be stored in a way that does not collect water to provide a habitat for mosquitoes.
 - 6.) A water spigot will be available on site. When using hoses, gardener will make sure there is no damage done to other plots. Please remove nozzle after watering.
 - 7.) Gardeners will remove any trash they generate including empty plant pots and trays from the garden area.
 - 8.) Pets must be leashed within the garden area at all times.
 - 9.) Report vandalism, theft or suspicious behavior to staff immediately. BCPR is not responsible for any damage or theft of produce or personal belongings.
- *If you can no longer tend your plot, notify us. **PLEASE DO NOT ABANDON PLOT.**
 *Gates must be kept closed while attending plots and locked upon leaving.

INITIAL: _____ DATE: _____ PLOT #: _____

LIABILITY RELEASE: I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I / We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

MEDICAL RELEASE: In case of illness or accident, permission is given to take the above person to the hospital or doctor's office for whatever medical or surgical attention will be or is needed.

Emergency Contact: _____

Phone: _____

Picture Release: I, as a participant or legal guardian representing a minor participant agree to allow BCPR to use pictures taken at events for promotional purposes

Please Circle One: YES NO

Code of Ethics Release: I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program.

Signature:

Rental Fees:

\$20.00-15x15

\$20.00-14X16 (Organic)

\$30.00-14X30

\$25.00-5X10½ (Raised Bed)

Please read, complete, sign form and return with payment to:

**Brown County Parks & Recreation
PO Box 299/1001 Deer Run Lane
Nashville, IN 47448
812-988-5522 * bcparksrec.com**

Make Checks payable to Brown County Parks and Recreation