



2019 Community Garden Program

Brown County Parks and Recreation

Office use only	
Date Rec.	_____
Receipt #	_____
By: _____	Amt. _____
Cash _____	Ck# _____

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email: _____



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

- 1.) BCPR and/or its appointed representatives will assign plots. Current gardeners have priority in retaining their existing plots.
- 2.) Plots must be cleared of all trash, cages, etc. by October 31st 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 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 that may be 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.

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. I (we) also understand that failing to do so will constitute grounds for sanctions and/or dismissal of participation from the program.

Signature: _____

Rental Fees:
\$25.00-15x15
\$25.00-14X16 (Organic)
\$35.00-14X30
\$30.00-5X10½ (Raised Bed)

<u>Please read, complete, sign form and return with payment to:</u>
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
<i>(Please include Drivers License Number on Check)</i>