2021 Hamilton Township Community Garden Plot Application Form

Gardener Name:		
Street Address:		
Hamilton Township Residen	nt: Yes / No For growing season (year)	
Email Address:	Telephone:	
Do you have any special requ	quests for plot assignment? Yes / No. If "Yes", please indicate:	:
Do you want to be located in	n an area strictly for organic gardening? Yes / No	
Would you like a large or sm	mall plot? Large \$15.00 / Small \$10.00	
Township Community Gard nominal fee and accepting successors, administrators, a Hamilton Township, Warren employees and/or agents of participant's heirs, administra Community Garden. I further required by the Community G	risk and possibility of injury associated with participation and and in consideration of Hamilton Township offering the participants into the program and activities. I for myse assigns and invitees hereby release, discharge and/or other on County, Ohio, The Board of Trustees of Hamilton Township these entities from any and all claims by or on behalf of the rators, assigns and invitees as a result of participating in the Hamilton Township are certify that I am physically fit and capable of participating Garden and that participating in the Community Garden will reother participant in the gardening program.	the program at a belf, my heir, my rwise indemnify ip, as well as all be participant, the milton Township g in all activities
Community Garden for a lon	owledge that there is no guarantee that I will have the right to a new period than the growing season indicated above, and any a need to me by Hamilton Township expires as of December 31.	right of access to
(Signature)	(Date)	
This application can be dropped o payable to Hamilton Township.	off to Hamilton Township, 7780 S SR 48, Maineville, OH 45039. Please	include check made
	Office Information	
Date Received:	_ Cash or Check Number: Receipt Number:	
Plot Number(s) Assigned:	Approved by:	