

2018 Hamilton Township Community Garden Plot Application Form

Gardener Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Hamilton Township Resident: Yes / No For growing season (year) \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have any special requests for plot assignment? Yes / No. If "Yes", please indicate: \_\_\_\_\_  
\_\_\_\_\_

Do you want to be located in an area strictly for organic gardening? Yes / No

Would you like a large or small plot? Large \$15.00 / Small \$10.00

**Release:** Recognizing the risk and possibility of injury associated with participation in the Hamilton Township Community Garden and in consideration of Hamilton Township offering the program at a nominal fee and accepting the participants into the program and activities. I for myself, my heir, my successors, administrators, assigns and invitees hereby release, discharge and/or otherwise indemnify Hamilton Township, Warren County, Ohio, The Board of Trustees of Hamilton Township, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators, assigns and invitees as a result of participating in the Hamilton Township Community Garden. I further certify that I am physically fit and capable of participating in all activities required by the Community Garden and that participating in the Community Garden will not pose a risk of physical harm to me or any other participant in the gardening program.

**Acknowledgement:** I acknowledge that there is no guarantee that I will have the right to participate in the Community Garden for a longer period than the growing season indicated above, and any right of access to the Community Garden granted to me by Hamilton Township expires as of December 31<sup>st</sup> of the calendar year for the growing season.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

This application can be dropped off to Hamilton Township, 7780 S SR 48, Maineville, OH 45039. Please include check made payable to Hamilton Township.

**Office Information**

Date Received: \_\_\_\_\_ Cash or Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Plot Number(s) Assigned: \_\_\_\_\_ Approved by: \_\_\_\_\_