

2021 Garrison Community Garden – REGISTRATION FORM FOR GARDENERS

Names of Gardener/s _____

Email/s _____

Mailing Address _____

Phone Number _____

I understand I have a responsibility to be considerate of others while gardening and volunteering at Garrison Community Garden site.

I have read and will observe the 2021 gardening guidelines.

I have signed the hold harmless agreement between gardeners and the Town of Blacksburg.

Gardener Signature: _____

Gardener Signature: _____

PLOT RENTAL FEES - \$25/year **PLOT NUMBER** _____

Checks payable to Live, Work, Eat, Grow, Inc. Include gardener name in memo line on check.

SIGN AND RETURN BOTH THE REGISTRATION FORM AND THE HOLD HARMLESS AGREEMENT along with payment to

Live Work Eat Grow, Inc
P.O. Box 847, Blacksburg, VA 24063.

Garden Coordinator: Jenny Schwanke

Email: blacksburgcommunitygardens@gmail.com

The Garrison Community Garden is a program of Live, Work, Eat, Grow, INC. The mission of Live, Work, Eat, Grow Inc. is to cultivate and nourish community through the support of local food and farms, the creation and growth of jobs, the security of the home, and the gathering of friends and neighbors.

GARRISON COMMUNITY GARDEN

HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT

In consideration for receiving permission to participate in the Community Garden Program, I, _____ (Participant) acknowledge the following with regard to Live, Work, Eat, Grow, Inc. (“LWEG”) and the Town of Blacksburg, as well as their officers, agents, or employees.

I am fully aware of the physical risks and hazards connected with the activities of participating in community garden activities (including, but not limited to sunburn, heat stroke, cuts, rashes, insect bites, and physical overexertion) and I am aware that such activities include the risk of injury or even death, and I hereby elect to voluntarily assume these risks.

By signing below, I accept full responsibility for the health and well-being of myself and any minor child(ren) through participation in this program, as well as responsibility and risk for any loss or damage to my property as a result engaging in such activities. I agree to indemnify and hold harmless LWEG and the Town of Blacksburg from any loss, liability, damage, or costs, including court costs and attorneys’ fees that the LWEG and the Town of Blacksburg may incur due to my participation in said activities to the fullest extent allowed by law. I further agree that this Agreement shall be construed in accordance with the laws of the Commonwealth of Virginia and that any mediation, suit, or other proceeding must be filed or entered into only in Montgomery County, Virginia. Any portion of this Agreement deemed unlawful or unenforceable shall be severable.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily.

Participant's/Parent’s Signature _____

Date: _____

Printed Name _____

Minor’s Printed Name _____