



2021 Hale Community Gardens - Registration for Gardeners

PLOT # _____ (SEE PLOT NUMBER ON WOODEN STAKE IN YOUR GARDEN)

Names of Gardener/s _____

Email/s _____

Mailing Address _____

Phone Number _____

I have read and will observe the 2021 gardening guidelines.

I have signed the hold harmless agreement between gardeners and the Town of Blacksburg + Live, Work, Eat, Gather.

Gardener Signature: _____

Gardener Signature: _____

PLOT RENTAL FEES

___\$35 Full plot ___\$25 Half plot ___\$10 Raised Bed ___(Optional - ADDITIONAL DONATION)

Check number _____ Payment Amount _____

Checks made payable to Live, Work, Eat, Gather, Inc.

Number of years you have gardened at the Hale Community Garden _____

(For getting new flags for the potluck pavilion,) what is your home country (or where did you grow up)? _____

Garden Coordinator: Jenny Schwanke Email: blacksburgcommunitygardens@gmail.com

The Hale Community Garden is a program of Live, Work, Eat, Gather, INC. The mission of Live, Work, Eat, Gather, 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.

HALE 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, Gather, 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 _____

All Minors Printed Names _____