



2020 Community Gardens Plot Registration Form

Office Use Only	
Received Date _____	Cash _____
Approved By _____	Credit Card _____
Total Paid _____	Check # _____
Receipt Number _____	
Plot Number(s) _____	

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email (Required) _____

Registration

- February 3 – 14 Returning gardeners with same location
- February 18 – 21 Returning gardeners wanting to reserve a new plot location; register in person at the Parks and Recreation Department to select new plot location
- February 24 New gardeners may begin to register
- February 24 Online Registration

Go online to www.pickerington.net to check out the Community Gardens Page

Plot Information (Limit 2 plots per Family):

Plot Size	Number of Plots	Same Plot as Last Year?	Plot Number(s)	Fee	City Resident Discount Fee
20' X 15'	_____	___Yes ___No	_____	___\$25	___\$20
40' X 15'	_____	___Yes ___No	_____	___\$50	___\$40
3' X 8' x 10" Raised Beds	_____	___Yes ___No	_____	___\$13	___\$10
3' X 8' x 30" Raised Beds	_____	___Yes ___No	_____	___\$13	___\$10

Total Fee _____

Additional Comments

Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature _____ Date _____

Payment Method: _____ Cash _____ Check Number _____ Credit Card – Please bill my (circle one): MC or VISA

Name of Cardholder _____ Account Number _____ Expiration Date _____ CVC Code _____

Cardholder Signature _____ Date _____