



P.O. Box 1862, Morgan Hill, CA
95038
info@mhcommunitygarden.org
www.mhcommunitygarden.org

Garden Registration, Agreement and Waiver 2020

PLEASE PRINT CLEARLY IN INK: First and last name, complete residence address, phone number, and email address. All participants must have a signed waiver on file (other side). Parents must sign for children under 18. Make payment to MHCG. Mail this form with your payment and verification of residence to MHCG, PO Box 1862, Morgan Hill, CA 95038. **DO NOT LEAVE AT GARDEN. NO CASH PLEASE.**

MANAGEMENT USE ONLY:		
PLOT NUMBER _____	GARDENING FEE _____	CHECK/MO # _____
PLOT SIZE _____	DATE PAID _____	Residence Verified _____
PLOT HOLDER NAME (primary) _____		
PLOT HOLDER NAME _____		
RESIDENCE ADDRESS _____		
CITY _____	ZIP _____	PHONES(S) _____
EMAIL ADDRESS(ES) _____		
<u>RETURNING GARDENERS:</u> CHECK THIS BLOCK IF YOUR RESIDENCE IS THE SAME AS LAST YEAR. If you have moved, provide residence verification. <input type="checkbox"/>		
<u>NEW GARDENERS:</u> ATTACH VERIFICATION OF RESIDENCE (phone bill, utility bill, etc.)		

I understand that participating in the Morgan Hill Community Garden (MHCG) is a privilege, not a right. I understand that I do not own my garden plot, but pay a gardening fee on an annual basis to us it responsibly by planting and maintaining it 12 months a year.

I acknowledge and agree to abide by the following:

The MHCG Gardening Policies 2020

I represent that I have received a copy of the MHCG Gardening Policies 2020 and **I have read them**. Further, I understand that the Oversight Committee is authorized by the MHCG Board of Directors to interpret and enforce these Gardening Policies. Until official changes are made, I understand that I am obligated to abide by the Gardening Policies 2020 as they are written.

The MHCG Bylaws

I represent that I have received a copy of the MHCG Bylaws 2020 and I will abide by them as written.

Adherence to Organic Gardening Principles

The MHCG Program adheres strictly to the principles, concepts, and practices of organic gardening. Use of pesticides, herbicides, chemical fertilizers, or practices inconsistent with organic gardening is prohibited. If I am ever in doubt about the permissibility of any such usage, I understand that it is my responsibility to read the **MHCG Product Policy Guidelines 2020** and consult the Oversight Committee or Board of Directors.

No Commercial Use

I represent that I will not grow any plants in my garden plot for sale or for any unlawful purposes.

Ethics Policy

As a community, MHCGG is committed to treating all individuals with respect and dignity. Bullying, criticism or discriminatory behavior toward any member or their guests **WILL NOT** be tolerated. In the event this policy is violated, Section IV “Violation of Community Garden Policies” will be invoked and due process will be followed.

Enforcement by Injunctive Relief

I agree that in the event of my non-compliance with this agreement, MHCG may obtain immediate injunctive relief in any court of competent jurisdiction to temporarily and/or permanently enforce this Agreement against me. Such right shall be in addition to, and not in lieu of, MHCG’s other rights hereunder.

WAIVER OF LIABILITY (liability release) Must be signed by every participant

I, the undersigned, have read the above form and the Gardening Policies in consideration of participation in the Morgan Hill Community Garden. I agree to indemnify and hold harmless the MHCG and the City of Morgan Hill and release them from any and all liability for injury which may be suffered by me or any persons named on this form or any visitors I may bring onto the MHCG premises, arising out of or in any way connected with participation in the MHCG. **I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY INJURY THAT MAY BE INCURRED.** I agree to abide by the terms spelled out in this form, the MHCG Gardening Policies and the MHCG Bylaws. I understand that failure to comply with any of these documents may result in the immediate loss of my plot privileges without refund of fees.

SIGNATURE: _____ Print Name _____ Date: _____

SIGNATURE: _____ Print Name: _____ Date: _____

Please provide, on the additional form (page 3), the names and contact information of others who will participate with you. Every participant must sign a Waiver of Liability. Parents must sign for children under 18 years of age.

ADDITIONAL PARTICIPANTS (MORGAN HILL RESIDENTS)

PLOT HOLDER NAME: _____ **PLOT NUMBER:** _____

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Signature: _____ **Print Name:** _____ **Date:** _____
 Residence
 Address: _____ Phone: _____ Email: _____

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