

**Elizabeth Street Community Gardens
2018 Application**

Name _____

Street Address _____

Mobile Phone _____ Home Phone / Landline _____

E-mail address _____

Primary Gardener _____

Secondary Gardeners, if any _____

Level of gardening experience (circle one) Beginner Intermediate Experienced

The ESCG Committee communicates with ESCG Members primarily through email messages to individuals or the entire group. If necessary, phone or postal mail would be used. No Member has access to non-email contact information of other Members.

I, _____, have read and agree to abide by all of the rules and regulations set forth in the attached document. I understand that if I do not comply with the rules and regulations I will forfeit my gardening privileges at the Elizabeth Street Community Gardens ("ESCG") and will not receive a refund.

2018 Hold Harmless Agreement

All ESCG Members and their guests agree to hold harmless the Keyport Garden Club for any liability, personal injury, damage, loss, or claim that may result from using the garden.

Assumption of Risk Waiver and Release - I am fully aware of that gardening activities carry special dangers and risks including, but not limited to physical injury, death, or other harmful consequences that may arise directly or indirectly to me from my participation. Being informed as to these risks and in consideration of being allowed to participate in this Borough-sponsored activity, I hereby assume all risks of injury, damage, liability, and harm to myself and any individual or minor child that I may bring on to the ESCG property. In addition, I am aware that I am fully responsible for the actions of anyone to whom I allow access to the garden. I realize that I am responsible for any injuries or damage caused by such persons and will hold the Keyport Garden Club harmless for myself or any of my visitors or surrogates. I also hereby individually and on behalf of my heirs, executor and assigns release, and hold harmless the Keyport Garden Club, Keyport Borough, borough officials, employees, agents, volunteers and members, and waive any right of recovery I might have to bring a lawsuit against them for any personal injury, death, or other consequences that may occur as a result of the use of this facility by me or any of my guests.

Name (Please Print) _____

Signature _____ Date _____

Mail payment to: Keyport Garden Club, PO Box 604, Keyport, NJ 07735
 Please write "ESCG" in the memo portion of your check.

Official use

\$25 Payment – Payment Method: Cash _____ Check # _____

Plot # _____

Special requirements or abilities _____