



Application and Waiver 2014

Mail signed application and waiver to: **River COG** 145 Dennison Road, Essex, Ct 06426. The fee is \$35.00 for a 10 x 10 plot. In the event that plots are no longer available, the fee will be fully refunded.

Name _____

Mailing address _____

Phone _____

E-mail _____

Gardening experience (circle one): Experienced/ Some experience/ Little or no experience

I have read the garden guidelines and agree to comply with them. I understand that failure to comply with guidelines will result in loss of gardening privileges and reassignment or my plot without refund of fees.

Signature _____

Date _____

Advisement of Risk

Please read the form carefully and be aware that in registering for a Regional Community Garden plot you are advised of risks that you may experience as result of participating. Activities involved in participation may, despite preparation, instruction, medical advice, conditioning and equipment, involve risk such as muscle strain and other muscle injuries, heat exhaustion or heat stroke, and insect bites. This list is by no means complete and simply serves as an example.

I further agree to indemnify, hold harmless and defend the Essex Historical Society, resulting from injuries, damages, losses arising out of, connected with, or in any way associated with activities of the Regional Community Garden.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Name (please print) _____

Signature _____

Date _____