

 <p>MONROVIA COMMUNITY GARDEN</p>	<p>One-year Application for garden plot at 303 West Colorado Boulevard</p> <p>Due September 10, 2021 Mailed or dropped off at Monrovia Community Garden 303 West Colorado Blvd. Monrovia, CA 91016</p> <p>(Must be a Monrovia Resident or family enrolled in MUSD to apply)</p>
<p>A Partnership of the City of Monrovia and Mountainside Communion</p>	<p>For Office use only: _____/_____ Received by: _____</p>

Full Name _____
Last
First

Residential Address _____
Street Address
Apt./Unit

City
State
Zip

Phone _____ Email _____

What type of bed are you applying for? Circle:

- One bed 3' x 7' or 4' x 5'* *One ADA counter height, wheelchair accessible bed 2' x 6'*

Reason for interest in this program and names of people in family using plot:

This application is for 1 raised bed garden boxes at the site of 303 West Colorado Boulevard.

- If accepted, you understand you are responsible for the upkeep, maintenance, and appearance of the plots under your care as prescribed in the Community Guidelines; renewal applications will be made available after one-year review by Garden Director.*
- I understand there is a fee of \$60 annually, scholarship available if cost is prohibited.*
- I hereby acknowledge I received, read, and am able to honor the Community Garden Guidelines if accepted into the program. This includes attending 1-2 educational classes a year.*
- If I am not accepted for a plot this year, I would like to be placed on a waitlist for a Monrovia Community Garden Plot.*

Signature
Print Name
Date

Please attach utility bill, copy of library card, driver's license, or proof of school enrollment.

<i>Interview</i> _____/_____ 	<i>Orientation</i> _____/_____ 	<i>Payment 1</i> _____ 	<i>PoR</i> _____ 	<i>Code received</i> _____/_____ 	
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**WAIVER, RELEASE, INDEMNITY, HOLD HARMLESS,
AND AGREEMENT NOT TO SUE**

I, _____ (FULL NAME), fully understand that my/my child's/children's participation in the **Monrovia Community Garden** gardening and related activities (hereinafter "event/class") exposes me/my child/children to the risk of personal injury, death, or property loss or damage. I hereby acknowledge that I/my child/children am/are voluntarily participating in this event/class and agree to assume any such risks.

I hereby waive, release, discharge and agree not to sue the **Monrovia Community Garden, Mountainside Communion, the City of Monrovia, and their respective officers, employees and agents (collectively the "Indemnitees")** for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my/my child's/children's participation in the event/class from whatever cause, including the active or passive negligence of the Indemnitees or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify, defend, and hold harmless the **Indemnitees** from any and all claims, demands, actions or suits arising out of or in connection with my/my child's/children's participation in the event/class.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, INDEMNITY, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY FOR MYSELF AND, IF APPLICABLE, FOR THE MINOR PARTICIPANT(S) LISTED BELOW, AND KNOWINGLY SIGN IT ON MY OWN FREEWILL.

Date

Signature/ Parent or Legal Guardian
(if under age 18)

Names of all minor participants for whom the Signer above is the Parent/Legal Guardian:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

DECLARATION

I, _____, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of the Minor participant(s) listed above, and I understand that the Indemnitees are justifiably relying on this declaration and my statements above to permit the Minor participant(s) listed above to participate in the event/class.

By: _____
Signature of Parent/Legal Guardian

Name: _____
Printed Name of Parent/Legal Guardian