

**CITY OF WESTPORT
COMMUNITY GARDEN APPLICATION**

Please complete the information below and drop off at City Hall or mail to PO Box 505, Westport, WA 98595. The community garden program annual fee is \$10. Payment is due at the time of registration and may be made to the City of Westport by check, money order or cash. Participants must agree to abide by the Community Garden Rules, which are attached. Failure to abide by the rules may result in reassignment of your plot, with fees forfeited, and suspension of your privilege to reapply in the future.

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone(s): _____
Calendar Year Applied For: _____

Please Check One:

_____ I have gardened at this location in the past and would like plot(s) # _____ if available

_____ This is my first year at this Community Garden

_____ I would like a plot near a friend. Friend's Name _____

Seniors (62+ years old) and persons with physical limitations will be assigned plots closer to water outlets when possible. Please let us know if either of these applies to you:

_____ I have a physical limitation

_____ I am a senior, 62 years or older

Declarations

_____ I have read and will comply with the terms and conditions of the Community Garden Program Rules

_____ I am 18 years of age or older.

City of Westport Hold Harmless Agreement

The undersigned adult on behalf of myself, my child and/or children agree to protect, defend, indemnify and hold harmless the City of Westport, its officers, officials, employees, agents and volunteers from any and all claims, demands, suits, penalties, losses, damages, judgments or costs of any kind whatsoever (hereinafter "claims") arising out of or in any way resulting from the activities of said individual in the City of Westport's Community Garden Program except those acts or commissions which are the sole negligence of the City of Westport. I hereby acknowledge that the City of Westport has made no warranties or representations concerning the condition or nature of the real property where the community garden is located and that I will enter onto said real property and participate in gardening activities at my own risk and with the full knowledge that there is a potential that I may injure myself or another in some way.

Signature _____ Date _____

Date Received: _____ Date Approved: _____

Date Assigned to Waiting List: _____ Plot # Assigned _____