

Name _____

Address _____

Phone _____ Email _____

Garden beds available:

4' x 12' raised bed (3 available) = \$20

4' x 8' raised bed (6 available) = \$15

4' x 2' stand-up accessible bed (2 available) = \$10

Security Deposit = \$20

I am requesting (note bed size): _____

I hereby acknowledge receipt of the U of M Extension Scott County Master Gardener Community Garden Program Details, and by signing here agree to all terms and conditions wherein. I understand that failure to meet and comply with the Community Garden Program Details will result in the loss of gardening privileges and any applicable reservation fees and security deposit fees.

Participant's Signature _____ Date _____

Release of All Claims

I, _____, am a participant in the U of M Extension Scott County Master Gardener Community Garden, "Community Garden". As a condition of being allowed to participate in this specific Community Garden, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the Community Garden and assume any expenses and liabilities I incur in the event of an accident, illness, or other incapacity. If I have had any questions about the Community Garden, its nature, risks, or hazards, I have contacted the U of M Extension Carver-Scott Master Gardeners and discussed those questions with him or her to my satisfaction.

2. In consideration of being granted the opportunity to participate in the Community Garden, I, for myself, my executors, administrators, invitees, guests, agents and assigns do hereby release and forever discharge the, University of MN, U of M Extension Master Gardener Program and other gardeners from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in the Community Garden and I understand that this Release means that, among other things, I, for myself, my executors, administrators, invitees, guests, agents and assigns, am giving up my right to sue for any such losses, damages, injury, or costs that may be incurred.

I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature _____ Date _____

Date Approved by U of M Extension: _____

Garden Bed Number(s) Assigned: _____

Annual Fee Collected: \$ _____ Security Deposit Collected: \$ _____

Approved by: U of M Extension/Scott County (Signature) _____

End of Season: Applicable Security Deposit returned: _____