

Branford Community Gardens, Inc.  
738 Leetes Island Rd  
Branford, CT 06405



Telephone: 203-481-3295  
BranfordCTGardens@sbcglobal.net  
branfordctgardens.org

## Application & Waiver 2010

Mail signed application and waiver to Branford Community Gardens, Inc., 738 Leetes Island Rd, Branford, CT 06405. All sections of the application must be completed. All family members who will be gardening must sign both sections of this form. The fee for a 20x20 ft. plot is \$25. The fee for a 20x10 ft. plot is \$15. Plots are subject to availability. In the event that plots are no longer available, your fee will be fully refunded. Call 203-481-3295 for more information and availability.

**Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Age (must be 18 years or older):** \_\_\_\_\_

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

**Preferred plot size (circle one):** 20x20 ft    20x10 ft

**Volunteer Committee Preference:** \_\_\_\_\_

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 of my plot without refund of fees, as determined by Branford Community Gardens, Inc.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Advisement of Risk

Please read this form carefully and be aware that by registering for a Branford Community Gardens, Inc. plot you are advised of risks that you may experience as a 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 Town of Branford, the Branford Board of Education, Branford Community Gardens, Inc., its officers, agents, employees and authorized volunteers, from any and all claims by me or other parties resulting from injuries, damages, losses arising out of, connected with, or in any way associated with activities of Branford Community Gardens, Inc.

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

**Name (please print):** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_