



Angele Cupples Community Garden

An Imagine Concrete initiative

Garden Bed Application v. 3.27.19



Application date _____

Name _____ Phone _____

Address* _____

*Residents with a permanent Concrete mailing address are given first priority for bed rentals.

E-mail _____

Requested bed size and fees:

___ 4' x 8' @ \$16.50 / year ___ 4' x 10' @ \$27.50 / year ___ 4' x 12' @ \$38.50 / year

___ Children's 4' x 4' bed (free) NOTE: under 18 requires parent and child signature

Each gardener is required to contribute eight (8) volunteer hours annually to maintain the common areas of the garden or assist with administrative duties.

Indicate your areas of interest:

___ Garden task force ___ Path maintenance ___ Shed tidying and cleanup ___ Perimeter garden care

___ Fall cleanup ___ Compost maintenance ___ Organizing educational/social events

___ Other (describe) _____

Please check all that apply:

___ My child would like to take part in the Children's Garden. (separate application req'd)

___ I would like to volunteer my time or share my harvest with the Concrete Food Bank.

I have read the current **Rights and Responsibilities** for the Angele Cupples Community Garden and agree to abide by them. I understand that if I fail to do so, I may lose my bed assignment and it will be reassigned. _____ (initial)

Liability Waiver

I understand that neither Imagine Concrete Foundation, community garden task force members, nor Town of Concrete is responsible for my actions. I release and hold harmless Town of Concrete, Imagine Concrete Foundation, community garden task force members, and any of their officials, employees, volunteers, and agents, and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against them for any personal injury or death or other harmful consequences occurring from my voluntary participation in this activity, except for the sole negligence of the Town of Concrete.

Any additional gardeners who will work in this bed must also sign this waiver/application. _____ (initial)

(print name)

(signature)

(print name)

(signature)

NOTE: Add additional names and signatures on back as needed. Submit completed application to Town of Concrete, P.O. Box 39, Concrete, WA 98237; if renewing, include check for annual fee. Make checks payable to: Town of Concrete. New applicants wait to be notified of bed availability. *This institution is an equal opportunity employer.*

-----for office use-----

Bed # _____ Assigned date _____ Annual fee of \$ _____

Placed on waiting list on _____ Fee refunded: \$ _____ By _____