

### 2009 Killingworth Community Gardens Application and Waiver

Deliver signed application and waiver to the Town Clerk's Office OR Mail to Killingworth Community Gardens, 323 Route 81, Killingworth, CT 06419. The fee for ONE (1) 20x20 ft. plot is \$30. Fee is non-refundable. Plots subject to availability. Visit [www.kwgardens.org](http://www.kwgardens.org) or call 203.641.2341 for information and availability. Multiple plots may be assigned after May 1.

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

Organization: (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have read and understand 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 the reassignment of my plot without refund of fees as determined by the Killingworth Land Use Committee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \_\_\_\_\_ (per plot fee is \$30)

#### Advisement of Risk

Please read this form carefully and be aware that in registering for a plot at the Killingworth Community Gardens you are advised of the risks which you may experience as a result of participating.

The Killingworth Community Gardens is an activity in which, despite preparation, instruction, medial advice, conditioning and equipment, there is still a risk of injuries as the following. This list is by no means complete or exclusive, but includes:

1. Muscle strain and other muscle injuries
2. Foot problems.
3. Heat stroke or heat exhaustion
4. Insect bites

I further agree to indemnify, hold harmless and defend the Town of Killingworth and the Killingworth Community Gardens, its officers, agents, employees and authorized volunteers from any and all claims by me or other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the Gardens.

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

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

Signed \_\_\_\_\_