

**Oakridge Community Garden Program Application
Plot Use Permit**

Plot Number _____

Valid Plot Use Permit Dates: January 31, 20__ through January 31, 20__.

Plot Use Permit holders who fail to renew by the March deadline will have their Plot Use Permits cancelled and their plots will be reassigned. The holder of this Community Garden Plot Use Permit is responsible for following all Community Garden Program rules and standards found in the Program Handbook.

Name	
Address	
City, State, ZIP	
Telephone Number	
Alternate Number	
Email Address	

<input type="checkbox"/>	*I am interested in being a Garden Coordinator volunteer for the Community Garden plots.
<input type="checkbox"/>	*I need a reduced fee for a garden plot (attach proof of income).

Liability Waiver

I hereby apply for membership in the Oakridge Community Garden. With my signature below attest that I have read and will adhere to the rules of conduct for the garden and will release all liability for injury, illness or damage which may occur due to my participation in activities at the garden. I hold blameless the City of Oakridge and all other interested parties now and in perpetuity.

I personally assume all risk for myself and those under my guidance in participating in all events and activities relating to Oakridge Community Garden.

Acknowledgement and Agreement

I have read the Oakridge Community Gardens Program Rules and Maintenance Standards and agree to abide by them. I understand that my failure to comply with these rules may result in termination of my Plot Use Permit without refund.

Signature: _____ Date: _____

Approved by: _____ Date: _____

Please fill out application and submit to City Hall.