

Wagon Hill Community Garden
www.wagonhillcommunitygarden.com
Agreement and Membership Form

1. Gardener's Name (please print)_____
2. Gardening Partner:_____
3. Gardener phone: _____ Text this number? Yes No (circle)
4. Partner phone_____ Text this number? Yes No (circle)
5. Gardener e-mail:_____ Partner e-mail_____
6. Is this a new email address? Yes No (Please circle)
7. Mailing address:_____
8. Membership fee: \$30 Each additional bed: \$5.

Make checks payable to: Community Gardens for All

Belonging to the Community Garden will involve your time, energy and commitment. You will be working with a supportive community of gardeners and harvesting healthy, delicious produce.

Please read the Garden Guidelines and then sign this agreement:

I have read, understood and agreed to the terms stated in the Garden Guidelines for participation in Community Gardens For All at Wagon Hill.

SIGNATURE

DATE

Please acknowledge your personal responsibility by signing below:

New Hampshire state law eliminates any liability that the town of Durham might have for injuries or other losses by people while they are on town land. Thus everyone in our gardens is responsible for ensuring their own health and safety. By signing below, you acknowledge that you accept that responsibility and hold harmless the Town of Durham, Community Gardens for All, their officials, employees, and agents from any claim associated with your participation in our community garden programs.

SIGNATURE

DATE