



P.O. Box 1862, Morgan Hill, CA 95038
 408-779-6123
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Gardening Registration & Waivers 2012

PLEASE PRINT CLEARLY IN INK. Include first and last name, complete street address, phone number, e-mail address, and signature. Form will not be accepted without annual fee payment. ALL participants must have a waiver on file.

MANAGEMENT USE ONLY Residence verified _____	
PLOT NUMBER _____	PLOT SIZE: _____
	WATER FEE: _____
	DATE PAID: _____
_____	CHECK/M.O. # _____

PLEASE CHECK A BOX	
<input type="checkbox"/>	INDIVIDUAL
<input type="checkbox"/>	COUPLE
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	GROUP/ ORG. NAME:

NAME: _____	<input type="checkbox"/> MALE
	<input type="checkbox"/> FEMALE
ADDRESS: _____	
CITY: _____	ZIP: _____
PHONE NUMBER (1): _____	
PHONE NUMBER (2): _____	
E-MAIL ADDRESS: _____	

Please provide, on the back of this form, the names and contact information of others who will participate with you. Every participant must sign a Waiver of Liability. Adults must sign a Waiver of Liability for children under 18 years of age.

Waiver of Liability (Liability Release) Must be signed by every participant

I, the undersigned, have read the Rules and Regulations and the Gardener Agreement in consideration of participation in The Morgan Hill Community Garden (MHCG), a Morgan Hill Community Foundation Alliance (MHCF Alliance) member. I agree to indemnify and hold harmless the MHCG, the MHCF Alliance, and The City of Morgan Hill (the City) and release them from any and all liability for injury which may be suffered by me or any persons named on this form or any visitors I may bring onto the MHCG premises, arising out of or in any way connected with participation in the MHCG, MHCF Alliance. I HAVE READ THIS WAIVER OF LIABILITY AND I FULLY UNDERSTAND THAT I ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY INJURY THAT MAY BE RECEIVED. I agree to abide by the Gardener Agreement. I understand that failure to comply with the Gardener Agreement may result in the immediate loss of my plot without refund of fees.

Signature: _____ **Date:** _____

Print Name: _____

Additional Participants for Plot (name) _____

Name	Relationship	Address, City, Zip	Phone number	E-mail
1.				
2.				
3.				
4.				
5.				

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1. Signature: _____ Date: _____

Print Name: _____

2. Signature: _____ Date: _____

Print Name: _____

3. Signature: _____ Date: _____

Print Name: _____

4. Signature: _____ Date: _____

Print Name: _____

5. Signature: _____ Date: _____

Print Name: _____