

DEPTFORD TOWNSHIP 1011 Cooper Street Deptford, NJ 08096 (856) 845-5300

DEPTFORD TOWNSHIP COMMUNITY GARDEN REQUEST FORM AND WAIVER

Name:	Phone:
Address:	Alt. Phone:
Neighborhood:	Email:
First year of membership or number of years active	s:
Type of garden plot requested: Non-organic	Organic* No preference
*Organic: You may or may not use organic seedling treatments such as, but not limited to, pesticides are removal is also expected.	
Plot sharing?	
If yes, name:	
Phone: (Each person must sign form)	
I, the undersigned individual, have reviewed, under regulations relative to the use of the Deptford Com understand that use of the Community Garden may followed.	munity Garden ("the Community Garden") and
I understand that gardening is a potentially hazardo and accept all risks associated with gardening and not limited to, those caused by terrain, facilities, so insect/rodent exposure, chemical exposure, and act	the use of the Community Garden including, but ill conditions, temperature, physical exertion,
I understand that my use of the Community Garden consideration of being allowed to use the Commun my executor's, etc. to waive, release, and forever resubsidiaries/affiliates, officers, agents, employees a responsibilities or liabilities for injuries (including of action, including those caused by negligent acts resulting from my use of the Community Garden of Garden.	ity Garden, I hereby agree on behalf of myself and elease Deptford Township, and each of its and authorized representatives, from any and all death), damages or loss including claims or causes or omissions of any of those mentioned above,
Print Name:	Print Name 2 (Plot Sharing)
Signature:	Signature 2:
Date:	Date: