



Community Garden Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

- I request an ADA-accessible garden box.

Reserving a garden plot shall be done in person, mail, or email through the Community Development Office, 3100 Belmond Blvd Suite 104 West Richland, WA, Monday through Friday, 8am-12 noon and 1pm-5pm. Plot assignments will be made on a first-come, first-serve basis. If you need to cancel your plot for any reason we will not issue a refund.

Community Garden Agreement

I have read and received a copy of the Community Garden Rules and agree to comply with the rules stated within.

Liability:

Participation in the City of West Richland Community Garden is a voluntary activity. In consideration of permission to participate in this activity, I hereby agree to assume the risk of damaged, lost, stolen, or neglected property, injury, illness or death associated with participation in this activity. I agree to release the City of West Richland, its employees, agents, representatives, and volunteers and Washington State University Extension and its Master Gardeners from any and all liability that may arise in connection with this activity. I agree that the terms hereof shall serve as an assumption of risk and release for my heirs, estate, executor, administrator, assignees, and for all members of my family. Furthermore, I give permission to have my photo/video taken, without recompense, during City of West Richland volunteer activities, which may be used for public relations, grants or publicity purposes.

Signature _____

Date _____