

APPLICATION FOR MEMBERSHIP WITH ARVADA GARDEN CLUB

The Arvada Garden Club (AGC) is a working club in which members are expected; to a commitment of your time, abilities and participate in club activities. You will need to adhere to the rules in the maintenance of garden grounds, your plot, and the supervision of the garden as a Gardener in Charge (GIC) during the season.

There is a minimum of 15 communal hours that you need to achieve during the growing season, half before July 4th (10 hours) and the remainder by Nov. 1st. These hours can be achieved by communal work Saturdays, GIC hours or any time you expend on the maintenance of the grounds (aside from your plot responsibilities), and the hours need to be logged daily. The hours are your responsibility to be logged. In addition, you need to attend at least 4 meetings during the year.

The history of the garden was founded on sweat, dreams and aspirations of the past, and the future of Arvada Garden Club is the function of your: commitment, involvement, effort and time.

As a gardener, you are allowed privileges and voting rights.

You will also need to attend a scheduled orientation, and scheduled classes for the use of power equipment and water pump training, regardless of your past experience and knowledge. It is as much for your safety as it is for the others you may do work for.

You have one vote per person.....not per lot

You do need to be a resident of Arvada.

As a gardener, the dues are \$40.00 for an approximately 12' X 20' plot. A limited number of accessible 4' X 8' raised bed plots are available and are \$25.00. Dues give you garden access dawn to dusk, and water privileges.

As a gardener you do need to attend an orientation and sign a release waiver for you and all members that may assist you in the garden (family, friends, neighbors.....YOU need to be present at all times)

Date: _____

Name: _____ Individual _____ or Family _____

Address: _____

Phone: _____ Cell: _____

Email address: _____

Contributions and abilities that you can bring to Arvada Community Garden

As a garden member, what is it that you would like to achieve: _____

Signature and date

Signature and date

AGREEMENT AND RELEASE OF LIABILITY

I am applying for a gardening plot for personal use by myself and immediate household. I agree to study and follow the rules and other directions of the Arvada Gardeners club pertaining to the use of the plot and associated gardening area.

I understand that I may not give or transfer use of my plot to any other person without permission of the Arvada Gardeners, and that doing so will result in loss of the plot for all involved.

I recognize and am aware there are inherent hazards associated with gardening and the use of related facilities and tools such as but not limited to:

- tripping, slipping or falling on garden property
- health hazards associated with the use of pesticides
- injury from the breakage of garden tools
- insect bites, stings, and injury thru encounters with rodents, reptiles or other animals
- heat stroke or exhaustion
- allergic reactions to plants, etc.
- abrasion and cuts from various sources
- violent weather and other acts of God

I and my family members release all claims which may arise against, and agree not to sue the Arvada Gardeners club and/or the city of Arvada and their members, officers, agents, employees and authorized volunteers on our behalf as a result of participating in the Arvada Gardeners gardening program.

I and my family members further agree to indemnify, hold harmless and defend the Arvada Gardeners club and/or the City of Arvada and their members, officers, agents, employees and authorized volunteers from any and all claims by other parties resulting from injuries, damages and losses caused by me and/or my family members arising out of, connected with, or in any way associated with the activities of the Arvada Gardeners club gardening program.

In the event of any emergency, I authorize Arvada Gardeners club members and/or Arvada city officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my family's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature _____ Date _____ Arvada Gardeners member witness _____ Date _____