



**2018 Gardener Application** (also see reverse side)

Gardener's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Home or Cell (please circle one)

E-Mail Address \_\_\_\_\_

Number of Plots requested \_\_\_\_\_ Fee for 2 5' x 8' raised beds per plot \$20.00

If you are a new gardener, would you like an experienced gardener to help you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Photo Release: I understand that any photos taken by the Warren County Health Department and others on the department's behalf, may be used for publicity or other Health Department business. Please initial \_\_\_\_\_

Gardener List: A gardener phone and e-mail list will be shared with all gardeners.

I give my permission to share my phone number and e-mail. \_\_\_Yes\_\_\_No

By signing below, I agree that I have read and understand the Grassroots guidelines and will abide by all of the garden rules. I understand that the Warren County Health Department is not responsible for my actions or anyone who helps me garden. I therefore agree to hold harmless the Warren County Health Department for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Gardener Wish List

Please list the kind of plants and/or seeds you would like for your garden plot:

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