

Prospect Park Community Gardens - Commitment Form

Primary Gardener Name _____ Email _____

Address _____ City _____ Zipcode _____

Telephone: Home _____ Cell _____

Please reserve my plot # as follows:

_____ PPCG Arthur (Full plot - \$30/season; Half plot - \$20/season)

_____ PPCG Yale (Full plot - \$30/season; Half plot - \$20/season)

_____ PPCG Towerside Individual raised bed (\$10/season) (indicate number of beds you would like)

_____ PPCG Towerside GardenShare & Hydroponics (\$20/season)

Payment must be delivered by March 1 for returning gardeners to hold their existing plot.

\$ _____ Amount due for garden plot

\$ _____ Additional donation to sponsor a plot or other general garden expenses

\$ _____ Total due

Make check payable to **Prospect Park Community Gardens** and send to:

Prospect Park Community Gardens, 125 Cecil Street SE, Minneapolis, MN 55414

Please initial to signify agreement with the following statements:

_____ I agree to hold harmless the PPCG volunteer organizers and work leaders, their partnering organizations and their employees, Board Members, Officers, Volunteers and other persons and landowner(s) from any liability, damages, loss, injury, or claim that occurs in connection with association from the PPCG.

_____ I consent to having my name, phone, and e-mail shared with other gardeners on a contact sheet.

_____ I agree to allow PPCG to use any photograph of myself for publicity purposes.

_____ I agree to abide by the Prospect Park Community Gardens Health and Safety Policy (see page ___ of the PPCG Handbook)

_____ **New Yale Gardeners ONLY** - I have signed and attached the MnDOT Release Form

_____ **New Towerside Gardeners ONLY** - I have signed and attached the Memorandum of Understanding

Commitment

By signing, I agree that I have read the PPCG Handbook, and accept these rules, terms, and conditions stated above for the participation in the Prospect Park Community Gardens.

Gardener's Signature _____ Date: _____