



# Angele Cupples Community Garden

An Imagine Concrete initiative

## Garden Bed Application v. 4.1.11



Application date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address\* \_\_\_\_\_

\*Residents with a permanent Concrete mailing address are given first priority for bed rentals.

E-mail \_\_\_\_\_

### Requested bed size and fees:

\_\_\_ 4' x 8' @ \$25 / year      \_\_\_ 4' x 10' @ \$35 / year      \_\_\_ 4' x 12' @ \$45 / year

\_\_\_ Children's 4' x 4' bed (free) NOTE: under 18 requires parent and child signature

**Each gardener is required to contribute eight (8) volunteer hours annually to maintain the common areas of the garden or assist with administrative duties.**

Indicate your areas of interest:

\_\_\_ Garden task force    \_\_\_ Path maintenance    \_\_\_ Shed tidying and cleanup    \_\_\_ Perimeter garden care  
\_\_\_ Fall cleanup    \_\_\_ Compost maintenance    \_\_\_ Organizing educational/social events  
\_\_\_ Other (describe) \_\_\_\_\_

### Please check all that apply:

\_\_\_ My child would like to take part in the Children's Garden. (separate application req'd)  
\_\_\_ I would like to volunteer my time or share my harvest with the Concrete Food Bank.

I have read the current **Rights and Responsibilities** for the Angele Cupples Community Garden and agree to abide by them. I understand that if I fail to do so, I may lose my bed assignment and it will be reassigned. \_\_\_\_\_ (initial)

### Liability Waiver

I understand that neither Imagine Concrete Foundation, community garden task force members, nor Town of Concrete is responsible for my actions. I release and hold harmless Town of Concrete, Imagine Concrete Foundation, community garden task force members, and any of their officials, employees, volunteers, and agents, and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against them for any personal injury or death or other harmful consequences occurring from my voluntary participation in this activity, except for the sole negligence of the Town of Concrete.

Any additional gardeners who will work in this bed must also sign this waiver/application. \_\_\_\_\_ (initial)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

NOTE: Add additional names and signatures on back as needed. Submit completed application to Town of Concrete, P.O. Box 39, Concrete, WA 98237; if renewing, include check for annual fee. Make checks payable to: Town of Concrete. New applicants wait to be notified of bed availability. *This institution is an equal opportunity employer.*

-----for office use-----

Bed # \_\_\_\_\_ Assigned date \_\_\_\_\_ Annual fee of \$ \_\_\_\_\_

Placed on waiting list on \_\_\_\_\_ Fee refunded: \$ \_\_\_\_\_ By \_\_\_\_\_