

Let's Grow Akron Community Garden Agreement

PLEASE READ, INITIAL and KEEP PAGES 1 & 2. SIGN AND RETURN PAGES 3 & 4.

Plot registration begins March 15. Plots will be reassigned to returning gardeners first and then on a first come first served basis. When the garden is full, additional requests will be put on a waiting list.

There is no fee for garden plots. In exchange for a FREE plot in a Let's Grow Akron community garden:

_____ **I agree to contribute to the success and sustainability of my community garden** (ie: help with the maintenance of communal spaces or compost bins, participate in community work days, assist fellow gardeners as needed and/or contribute distinctive skills or resources that I have to offer.) I understand that I may contact Let's Grow Akron or my garden leader for opportunities to contribute.

_____ **I will work to keep the garden a happy, secure, and enjoyable place where all participants can garden and socialize peacefully in a neighborly manner.**

_____ **I agree to plant my garden plot by June 1 and** understand that plots not worked by June 1 may be reassigned.

_____ **I understand that I am responsible for the maintenance and upkeep of my own garden plot.** This includes watering, weeding, harvesting, etc. I will not leave my garden plot unmaintained for more than TWO (2) weeks without arranging for another gardener to care for it. If I am unable to maintain my plot for any reason I will contact the garden leader and/or ask fellow gardeners for assistance.

_____ **I recognize that it is my responsibility to maintain plants within the boundaries of my garden plot.** I will not allow my plants to grow into pathways or into other garden plots. I will also keep the plants in my garden plot less than six feet in height, so as not to shade neighboring garden plots.

_____ **I will keep my garden plot, paths, and other areas clean.** This includes removing rocks and trash from the garden, putting tools and other supplies away and composting plant materials. I will place disease or insect infested plants in plastic bags and remove them from the garden to prevent the disease or infestation from spreading.

_____ **I will never leave the water running unattended.** It is my responsibility to turn off water and put the hoses away in a neat and orderly manner so they don't trip gardeners or get run over by the lawnmower.

_____ **I will not disclose the garden gate lock combination to anyone that is not a registered gardener.**

_____ **I understand that harvesting privileges are reserved** for the individual or family who manages that plot and will not harvest from plots other than my assigned plot without permission.

_____ **I agree to harvest ripe vegetables in a timely manner.** If unable to harvest I will ask fellow gardeners for help or contact my garden leader. Let's Grow Akron encourages sharing the harvest with family, friends, neighbors and other gardeners and can also provide information about donating to neighbors and local food pantries.

_____ **I agree not to use non-OMRI certified fertilizers, insecticides, or weed repellants** within my garden plot. All gardeners are strongly encouraged to practice organic gardening methods and use OMRI-certified products only when absolutely necessary. Let's Grow Akron can provide information about pest management and access to OMRI certified products.

_____ **I understand that I am responsible for my guests and visitors, including children.**

I understand that guests and visitors are permitted in the garden and are subject to the terms and conditions stated within this agreement. I also understand that I am solely responsible for the behavior of my guests when they are visiting the garden.

_____ **I understand that pets should be kept on a leash, are not allowed in the planted areas of the garden. Pet owners are responsible for cleaning up after their pets and removing any pet waste from the property.**

_____ **I understand that drugs, alcohol, firearms, and tobacco are not permitted in the garden.**

_____ **I agree to have my plot(s) cleaned up for winter by October 31.**

This includes the removal of all annual plant debris, tools and temporary structures. A Fall checklist is included with this agreement and will be provided again toward the end of the growing season.

*****PLEASE KEEP THIS PAGE FOR YOUR RECORDS*****

The following information will be provided when registration is received and a plot assignment is made.

Community Garden Leader contact information:

Lock combination:

Let's Grow Akron (330)745-9700 info@letsgrowakron.org

I have read and understand the Let's Grow Akron Community Garden Agreement.

I agree to follow the terms of this agreement.

I understand that failure to comply with the terms of this agreement may result in removal from the community garden program.

Signature

Date

Name:

Address:

ZIP CODE:

Phone Number:

Email:

Number of people in your household:

Let's Grow Akron, Inc.

Media Consent and Liability waiver

Photo Consent Release: I grant permission to Let's Grow Akron, Inc. to use any photographs, motion pictures, recordings or any other record of my participation in the garden or related activities including my name for any legitimate purpose without remuneration.

Release from liability: In consideration of the opportunity to volunteer for Let's Grow Akron, Inc., I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against Let's Grow Akron, Inc., or any of its affiliated organizations, or any of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used, or any of the volunteer workers, for the injury or death to me, or damage to my property, however caused, arising from participation in volunteer activities. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from my personal injury or death to myself or damage to my property, sustained in connection with participation in volunteer activities for Let's Grow Akron, Inc. I recognize that it is my responsibility to learn, prepare, understand and obey any rules for the program.

YOUR SIGNATURE BELOW CONFIRMS THAT YOU AGREE WITH THE ABOVE INFORMATION.

Full Name _____

Signature _____

Signed Date _____