



PLOT APPLICATION & RESPONSIBILITY AGREEMENT

By agreeing to participate in the Tewksbury Public Library Community Garden for the 2020 growing season, I maintain that I am a resident of Tewksbury and I agree to the following:

- 1). I agree I will not use chemical fertilizers, pesticides or herbicides. Seedlings from inorganic growers are allowed; once transplanted into the TPL Community Garden I will adhere to organic growing practices.
- 2). I agree to share my contact information (phone number and e-mail address) with the TPL Community Garden Coordinator and to help facilitate effective communication and organization. I also agree that it is my responsibility to keep the TPL Community Garden advised of any change in my contact information.
- 3). I agree to adhere to and support the TPL Community Garden Rules and Responsibilities, as found on the TPL's Community Garden website, and to participate in communications and events such as monthly meetings, farmers markets and scheduled clean-up and/or work days.
- 4) I agree that I am responsible for personal items stored at the TPL Community Garden. I will not hold the Library liable for any missing or damaged goods.

Signature

Date

Please Print:

Name

Street Address, City and Zip

Phone

Email Address

Library Card Number

If you had a plot the previous season and would like to have it again, write your plot number here: _____

If you are new or want to change your plot, what size plot would you prefer? REGULAR or DOUBLE

FOR ADMIN USE ONLY

ASSIGNED PLOT # _____

COMPANION PLOT # _____



RELEASE OF LIABILITY STATEMENT FOR VOLUNTEERS AND PLOT APPLICANTS

I, _____,
understand and agree that in consideration for access to and the use of space in the TPL Community Garden owned by the Tewksbury Public Library (TPL), that I assume any and all risk with respect to access and use of the TPL Community Garden.

I acknowledge that working within the TPL Community Garden exposes me to the risk of personal injury. I desire to use the TPL Community Garden and agree to not hold TPL, its officers, agents, employees and volunteers responsible for damage or personal injury I sustain by my use of the TPL Community Garden.

I expressly acknowledge that I have no known medical conditions that would prohibit me from using the TPL Community Garden, and I have no known medical conditions that could increase my risk of injury while using the TPL Community Garden.

Signature Date

Volunteers UNDER THE AGE OF 18 must have a PARENT or GUARDIAN sign below:

Parent/guardian signature Date

Please Print Applicant/Volunteer's information:

Name

Street Address, City and Zip

Phone

Email Address

Library Card Number
FOR ADMIN USE ONLY

ASSIGNED PLOT # _____

COMPANION PLOT # _____