

GARDNER'S NAME

2023 Garden Plot Application

| STREET ADDRESS | | | |
|----------------------------|-------------------------|------------------------------|--|
| CITY | STATE_ | ZIP | |
| HOME PHONE_ | CELL_ | WORK | |
| EMAIL ADDRESS | | | |
| OTHER RESPONSIBLE PARTY(S) | | | |
| | | | |
| PLOT SIZE and | FEES (circle plot size) | * \$5.00 senior discount 65+ | |
| Large 10x20 | Medium 4x20 | Small 4x10 | |
| \$40.00 | \$30.00 | \$25.00 | |
| Office Informati | on | | |
| Date Received | Cash or | Check# | |
| Plot Number Assic | ned or Renewed | | |

Release: Recognizing the risk and possibility of injury associated with participation in the Miami Township Community Garden and in consideration of Miami Township offering the program at a nominal fee and accepting the participants into the program and activities. I for myself, my heir, my successors, administrators and assigns hereby release, discharge and/or otherwise indemnify Miami Township, Clermont County, Ohio, The Board of Trustees of Miami Township, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in the Miami Township Community Garden. I further certify that I am physically fit and capable of participating in all activities required by the Community Garden and that participating in the Community Garden will not pose a risk of physical harm to myself or any other participant in the gardening program.

| Gardner Signature/s | Date |
|---------------------|------|

^{*} This application can be mailed or dropped off to the Miami Township Recreation Dept. 6101 Meijer Dr. Milford, OH 45150. Please include check made payable to: Miami Township