

COLUMBUS COMMUNITY GARDEN PROGRAM
2024 REGISTRATION FORM/WAIVER FORM

YES, I LIVE IN THE COLUMBUS CITY LIMITS.

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____
(WORK) (HOME/CELL)

Number/size plots for which you are registering:

_____ Large Plots (\$25.00 Each) Plot(s) # _____

_____ Small Plots (\$15.00 Each) Plot(s) # _____

***Maximum 2 large or 4 small or the equivalent to 2 large plots.**

I am interested in additional plots if available: _____ small _____ large
(Please state the number of additional plots desired)

WAIVER

I, _____, hereby release the City of Columbus, its elected officials, its appointed officials and employees, and members of the organizational committee of the Columbus Community Garden Program from any and all claims, demands, causes of action from any and all damages, including but not limited to property damage and bodily injury incurred by me and members of my family resulting from any and all activities associated with my participation in the Columbus Community Garden Program.

The garden is not monitored; therefore, gardeners plant at their own risk.

Closing Date for 2024 Garden is Monday, October 28, 2024

(DATE)

(SIGNATURE)