

# Byron Community Garden Registration

Gardener Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gardening Partner(s): \_\_\_\_\_

Gardener Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**City Staff's main form of communication with gardeners is via email. Failure to provide an email, illegible email, or incorrect email may result in missed communications.**

Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_

**Payment must be made in full to reserve a garden plot. Only one (1) garden plot may be reserved per household prior to May 1st. Non-Byron residents and second garden plots will become available on or after May 1st based upon availability.**

Plot Number: \_\_\_\_\_

Total Plot Fees Due: \$ \_\_\_\_\_

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Waiver on reverse side must be signed

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# Byron Community Garden Application Waiver

## Waiver to the City of Byron

In consideration of your acceptance of me and/or my family in the Community Garden program, I hereby waive all claims against the City of Byron, its elected officials, and employees and its agents and I release the City of Byron, its elected officials, employees and its agents from all claims for all injuries suffered by me or my family incidental to, connected with, or arising out of our participation in Community Garden activities for which my family or I are enrolled, including injuries suffered as the result of negligence by the City of Byron or its employees or agents, but not including injuries suffered as a result of their willful or intentional misconduct or gross negligence. I give my approval to my family's participation in the Community Garden program during the current season. I understand that the program for which I have enrolled or given my family permission to participate in, may be hazardous and that injuries may occur in the normal course of participation. I assume all risks and hazards incidental to my family or my participation, including transportation to and from the activities. I also understand and acknowledge that the City of Byron has no medical or health insurance covering me or my family members. I understand that City of Byron staff or their representative may photograph participants enrolled in programs, classes, or events or enjoying city facilities. These photographs become the sole property of the city and are for publication. I also understand that the information I have provided will be made available only to program staff, the City of Byron insurer and attorney and volunteers connected with the program, for the purposes of administering the activity.

The MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. The following data contained on this form will be considered private data pursuant to M.S. 13.548: the name, address, telephone number, or any other data that identifies the individual, and any data that describes the health or medical condition of the individual, family relationships, and living arrangements of an individual or which are opinions as to the makeup or behavior of an individual. Additionally your credit card information is considered private data. We need this data to register you for a Community Garden plot, to contact you if necessary and to process the payment for your registration. Byron staff will have access to the data to process your payment and administer the Community Garden. You are not legally required to provide the data; however, refusing to supply the data may cause your registration to not be processed. Your signature here indicates you have read and understand this notice.

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Signature

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Date

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Staff Signature

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Date