

Byron Community Garden Registration

1. Gardener: _____
Last Name First Name Middle Initial

2. Gardening Partner: _____
Last Name First Name Middle Initial

3. Gardener Address: _____
Street City/Town Zip Code

4. Phone No.: Cell: (____)____-____ Work: (____)____-____ Home: (____)____-____

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: _____ Other Email: _____

5. Please check here to show that you agree to the following:
- Keep my plot weeded and tended
 - Abide by decisions made collectively by the gardeners who participate in coordinating the garden
 - Follow land use and parking rules
 - Clear my plot at the end of the gardening season – October 31

6. **Phone and Email:** All community gardeners have to share their phone numbers with the volunteer coordinator at their garden.

7. **Plot rental fees:** Each plot is approximately 20 x 20 ft (\$30) or 10 x 20 (\$25) feet

8. **Non Byron Residents and Second Plots:** Available on or after May 15.

Plot Number _____

Total Plot Fees \$ _____

**\$30 for large plot
\$25 for small plot**

Waiver on reverse side must be signed.

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, 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 the 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 stall 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.

Signature

Date

Staff Signature

Date