

Parks and Recreation • 100 Lockville Road, Pickerington, OH 43147 • ph: 614-833-2211 • fax: 614-833-2201 • www.pickerington.net

	2023 Community Gardens					Office Use Only			
			Plot Registra	ation Form	1		Received Date		
Name								Credit Card	
Organization _								Check #	
Address									
City			State	Zip					
Phone (Home)			(Cell)		(	Work)			
Email (Require	d)								
Registration	February 1 – 10	Returning g	ardeners with same location	n					
-	February 13 – 17		Returning gardeners wanting to reserve a new plot location; register in person at the Parks and Recreation Department to select new plot location						
-	February 20	New garder	ers may begin to register	-					
-	February 20	Online Regi	stration						
		Go online to	www.pickerington.net to ch	eck out the Comn	nunity Garde	ens Page			
Plot Informat	ion (Limit 2 plots	s per Family):							
Plot Size		Number of Plots	Same Plot as Last	Year? PI	ot Number	(s)	Fee	City Resident Discount Fee	
20' X 15'			YesNo			_	\$40	\$30	
40' X 15'			YesNo			_	\$80	\$60	
3' X 8' x 30" Rai	sed Beds		YesNo	_		_	\$20	\$15	
					Total Fee				
Additional Co	omments								
hereby release an actions, judgments and hazards associand physical cond accident and/or illiconjunction with a warrant that I have of such uses. The comply with the te any combination o	permission granted to discharge the City of and executions, which ciated with participatin tition. I hereby conseness during the even my persons or objects the right to authorize to City of Pickerington rms and conditions of the aforesaid, jointly	of Pickerington, its employee ch might occur on City of Pic g in said activities, no matter int to receive medical treatment. I do hereby grant and gi for any and all purposes ind the foregoing uses and do I reserves the right to cancel this agreement. For the col and severally and to hold ha	in recreational activities and resents, public officials, agents, officers, kerington premises and/or during in how remote and unlikely. Further, ent and hereby consent on behalt we these groups the right to use luding, but not limited to, private of ereby agree to hold the City of Picthis agreement or make a decisions deration stated above, I hereby makes from and against any and a reparation and/or participation in re-	assigns and volunter City of Pickerington sp. I recognize the inher of of my child to receive my or my child's pho r public presentations kerington harmless of on on any situation no agree, on behalf of m Ill actions, claims, den	ers for any and consored activition tent danger involve medical treat tograph or imals, advertising, per and from any a troovered here tyself, my heirs, nands, liabilities	all injuries suities. I recogni olved in such a trment, which i ge with or with ublicity and pr and all liability in. I hereby a executors, ac s, loss damage	Iffered by myself and ze and voluntarily ac activities and take full may be deemed adv hout my or my child omotion relating ther of whatever nature, acknowledge that he/ dministrators and ass	my child, claims, demands, cept all of the potential risks responsibility for my actions isable in the event of injury, 's name, both single and in eto without compensation. I which may arise out of result she has read and agrees to igns, to indemnify any, all or	
Signature					ate				
Payment Metho	od: Cas	h Check N	umber Credit Card	<ul> <li>Please bill my (c</li> </ul>	ircle one):	MC or	VISA		
Name of Cardh	older	<del></del>	Account Number		Exp	iration Date	<u> </u>	CVC Code	

\_ Date \_\_\_

Cardholder Signature \_\_\_\_\_