

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

			2024 Community G	ardens	Office Use Only	1			
			Plot Registration			Cash			
Name					Approved By	Credit Card			
					Total Paid	_ Check #			
Address					Receipt Number _				
			StateZip		Plot Number(s)				
			(00.1)	(,					
Registration	-,								
-	February 1 – 9	Returning ga	rdeners with same location						
-	February 12 – 16		turning gardeners wanting to reserve a new plot location; register in person at the rks and Recreation Department to select new plot location						
-	February 20	New gardene	rs may begin to register	nay begin to register					
-	February 20	Online Regis	tration						
		Go online to w	ww.pickerington.net to check out th	e Community Gardens Page					
Plot Informat	tion (Limit 2 plots pe	r Family):							
Plot Size	Nur	nber of Plots	Same Plot as Last Year?	Plot Number(s)	Fee	City Resident Discount Fee			
20' X 15'			YesNo		\$40	\$30			
40' X 15'			YesNo		\$80	\$60			
3' X 8' x 30" Ra	ised Beds		YesNo		\$20	\$15			
				т	otal Fee				
Additional Co	omments								

Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and volunteirs and the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result to cancel this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, demandes, liabilities, loss damage or expense of whatever kind of nature, including antorny's fees, which may at any time be incurred by reas

Signature			Date		
Payment Method:	Cash	Check Number Credit C	ard – Please bill my (circle one):	MC or VIS	4
Name of Cardholder		Account Number		piration Date	CVC Code
Cardholder Signature	e		Date		