



Parks and Recreation • 100 Lockville Road, Pickerington, OH 43147 • ph: 614-833-2211 • fax: 614-833-2201 • [www.pickerington.net](http://www.pickerington.net)

## 2025 Community Gardens Plot Registration Form

### Office Use Only

Received Date \_\_\_\_\_ Cash \_\_\_\_\_

Approved By \_\_\_\_\_ Credit Card \_\_\_\_\_

Total Paid \_\_\_\_\_ Check # \_\_\_\_\_

Receipt Number \_\_\_\_\_

Plot Number(s) \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email (Required) \_\_\_\_\_

### Registration

- February 3 – 5 Returning gardeners with same location
- February 10 – 14 Returning gardeners wanting to reserve a new plot location; register in person at the Parks and Recreation Department to select new plot location
- February 18 New gardeners may begin to register
- February 18 Online Registration

Go online to [www.pickerington.net](http://www.pickerington.net) to check out the Community Gardens Page

### Plot Information (Limit 2 plots per Family):

Plot Size	Number of Plots	Same Plot as Last Year?	Plot Number(s)	Fee	City Resident Discount Fee
20' X 15'	_____	___ Yes ___ No	_____	___ \$40	___ \$30
40' X 15'	_____	___ Yes ___ No	_____	___ \$80	___ \$60
3' X 8' x 30" Raised Beds	_____	___ Yes ___ No	_____	___ \$20	___ \$15

Total Fee \_\_\_\_\_

### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 voluntarily accept all of 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 of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of 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, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment Method: \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Credit Card – Please bill my (circle one): MC or VISA

Name of Cardholder \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_

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

Date \_\_\_\_\_