



Goshen Farm Sharing Garden Application

Gardener: _____
Gardening Partner/Group: _____
Address: _____
Phone (Home): _____ Phone (Mobile): _____
Returning Gardener: ___Yes ___No Plot Number: _____
Total Paid: \$_____ Check Number: _____

___ I would like to be a garden leader. ___ I would like to volunteer in another way.

___ I am an advanced gardener and ___ I will need gardening help.
would like to help beginning gardeners.

Photo Permission: From time to time, Sharing Gardeners, garden leaders and media will take photos of the Sharing Garden. Please check here (___) if you DO NOT give your permission for your photo to be published. Please let photographers know you do not want to be published, if you see them at the Sharing Garden.

Phone and email: All Sharing Gardeners are required to share their phone number and email address with garden leaders. In addition, a Sharing Gardener phone and email list may be shared with other Sharing Gardeners. Please check here (___) if you DO NOT give your permission to share your phone number and email with Sharing Gardeners.

By signing below, I agree that I have read and understand the *Sharing Garden Welcome Packet*, the *Rules and Guidelines*, the *Health and Safety Terms*, and the *Gardening Tips and Advice*; and plan to abide by all rules and terms. I understand that neither the Sharing Garden group nor lessee/owners of the land are responsible for my actions. I therefore agree to hold harmless the Sharing Garden group and lessee/owners of the land for any liability, damage, loss, or claim that occurs in connection with use of the garden by me or my guests.

Signature: _____ Date: _____

Received by: _____