

# Plot Request Form

(2022 Growing Season)

## Groveport Community Garden

Groveport Recreation Department  
7370 Groveport Road • Groveport, OH 43125  
614-836-1000 / www.groveportrec.com

NEW GARDENER       PREVIOUS GARDENER

### Gardener's/User's Information (Adult #1):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_  
(Email is the primary form of communication between Groveport Rec. Dept. & Gardeners)

Names of any children that may be gardening with the Adult: \_\_\_\_\_

### Gardening Partner's Information (Adult #2):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_  
(Email is the primary form of communication between Groveport Rec. Dept. & Gardeners)

Names of any children that may be gardening with the Adult: \_\_\_\_\_

How many plots would you like to garden? Please circle.

1      2

*\* Persons may not purchase more than (2) plots for the season, unless approved by the Recreation Director.*

*\* Additional plots may be available at a later date.*

### LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT:

In signing this release for myself and for any named immediate minor family members, I acknowledge and understand that as a participant at the Groveport Community Garden, I/we may be exposed to risks of serious bodily injury, sickness or death due to circumstances inherent recreational activities, including the negligent acts or omissions of others. In addition, I understand that I am at risk of coming into contact with certain communicable diseases or viruses similar to COVID-19 while participating in recreational activities. In exchange for being permitted to participate, I/we voluntarily agree to assume all of these inherent risks. I/we agree to hold harmless and release the City of Groveport and the Community Garden Committee, its commissioners, officials, employees, volunteers and other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, and economic loss, arising from my/our participation. I/we further agree to protect, indemnify and hold harmless the City of Groveport and the Community Garden Committee for any and all cost, liability, expense and claim arising from any act or omission committed by myself or the named participants related to the City's facilities, activities and programs, and/or other activities or programs sponsored by or affiliated with the City of Groveport. I/we agree to follow all Guidelines, Rules & Agreement, and realize that my/our right to participate may be terminated at any point in time for not adhering to document. Guidelines, Rules & Agreement can be found at [www.groveportrec.com/259/Community-Garden](http://www.groveportrec.com/259/Community-Garden). I hereby give the City of Groveport the right to use my photographic image for any and all purposes. I understand that any information provided may be subject to disclosure under Ohio Records Law. **ALL ADULTS IN YOUR GROUP THAT ARE PLANNING TO PARTICIPATE IN THE COMMUNITY GARDEN ARE REQUIRED TO SIGN BELOW.**

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

**FOR OFFICE USE ONLY:**

**Residency Verification:**    Driver Lic.    Utility Bill    Cty. Auditor    Pay Stubs

**Classification:**    Resident    Corp. Res.    Non-Res.

**Method of Payment:**    Cash    Credit Card    Check    Gift Card

Staff Processing Transaction: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_