

# CITY OF WHEATLAND

111 C Street  
Wheatland, CA 95692  
Office: (530) 633-2761  
Fax: (530) 633-9102

## Community Gardens Application

Date

### Applicant Information

Name (Last)

Name (First)

M.I.

Address

City

State

Zip

Phone

E-mail

Wheatland Resident  Yes  No

### Garden Information

Lease Term (Start/End  
Dates)

New  
Gardener

Returning  
Gardener

Number of Plots

Please provide a brief description of the types of plants, herbs, or shrubs you wish to plant in the plot(s), if leased.

### CITY OF WHEATLAND INDEMNIFICATION AND RELEASE

I, \_\_\_\_\_, am a lessee or other authorized participant in the Wheatland Community Garden Association. As a condition of being allowed to participate in the Wheatland Community Garden Association, I agree to the following:

1. I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, exposure to pesticides, insect and animal bites, trip and fall hazards which could result in serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. I assume any expenses and liabilities I incur in the event of any accident, illness or other incapacity.
2. I understand and agree that neither the City of Wheatland nor any of its officers, agents, volunteers or employees shall be held responsible or made the subject of any claim for damages or liability arising from bodily injury, property damage or loss of any sort to me, my guests or any other person or loss of any other kind arising out of or related to my participation in the Wheatland Community Garden, whether or not the result of negligent acts or omissions of the City of Wheatland. I HEREBY AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF WHEATLAND, ITS OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES FROM ANY SUCH CLAIM, DAMAGE, LIABILITY OR LOSS. I further understand and agree that this waiver, release, and assumption of risks is to be binding to my heirs and assigns.

I represent and certify that my true age is 18 years or older or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I, \_\_\_\_\_, acknowledge that the information I have provided in this application is true and correct to the best of my knowledge. I understand that this application does not guarantee me the right to lease a plot and that all plots are assigned by priority and then on a first come, first serve basis. I further understand that approval of this application is subject to review of City staff and agreement to abide by the Community Gardens Governing Rules as contained in the Community Gardens Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Deposits & Fees

Annual Fee: \$50.00

Deposit: \$50.00

For Official Use Only

For Official Use Only

Application Received \_\_\_/\_\_\_/\_\_\_

Application Approved \_\_\_/\_\_\_/\_\_\_

Received by \_\_\_\_\_ Approved by: \_\_\_\_\_

Fees and Deposits Paid \$ \_\_\_\_\_