



Garden Plot Application

GARDNER'S NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL** _____ **WORK** _____

EMAIL ADDRESS _____

OTHER RESPONSIBLE PARTY(S) _____

PLOT SIZE and FEES (circle plot size) * \$5.00 senior discount 65+

Large 10x20	Medium 4x20	Small 4x10
\$40.00	\$30.00	\$25.00

Office Information	
Date Received	Cash or Check#
Plot Number Assigned or Renewed	

Release: Recognizing the risk and possibility of injury associated with participation in the Miami Township Community Garden and in consideration of Miami Township offering the program at a nominal fee and accepting the participants into the program and activities. I for myself, my heir, my successors, administrators and assigns hereby release, discharge and/or otherwise indemnify Miami Township, Clermont County, Ohio, The Board of Trustees of Miami Township, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in the Miami Township Community Garden. I further certify that I am physically fit and capable of participating in all activities required by the Community Garden and that participating in the Community Garden will not pose a risk of physical harm to myself or any other participant in the gardening program.

Gardner Signature/s

Date

* This application can be mailed or dropped off to the Miami Township Recreation Dept. 6101 Meijer Dr. Milford, OH 45150. Please include check made payable to: Miami Township