

2008 City of Boulder Community Garden Renewal Form

For Office Use Only
 Plot # _____
 Paid _____
 Database _____
 Email _____
 Maps _____
 New Gardener _____
 Initial and Date _____

IMPORTANT INFORMATION

- **TO RENEW: APPLICATION MUST BE RECEIVED BY FRIDAY, FEBRUARY 15, 2008.**
- **This renewal application must be completed and returned electronically to: growinggardens@hotmail.com or mailed to: Community Gardens, 3198 North Broadway, Boulder, CO 80304. Questions? Please call Cathy at (303) 413-7248 x 2.**
- **Once we have processed your application we will provide you with information that will authorize you to pay your fee through the City of Boulder registration system.**

Gardener Name #1 _____ Date of Birth _____

Gardener Name #2 _____

Mailing Address _____ City _____ Zip _____

Phone Gardener #1 _____

Phone Gardener #2 _____

E-Mail Address #1 _____

E-Mail Address #2 _____

PLOT INFORMATION

_____ I would like to renew the plot(s)# _____, which I had in 2007.

_____ I would like to renew *only part of, or more of*, the plot I had in 2007. (limit 2 plots):

Requests for renting a different plot or more of the same plot will be based on availability.

Indicate plot # of additional plot request. _____

FEE INFORMATION **City of Boulder** **Reduced Rate** **Non-City**

	<u>Resident</u>	*(include documentation)	<u>Resident</u>
Fortune Full size only (100sqft)	\$47	\$23.50	\$58.75
FULL Hawthorn, Foothills or Hickory	\$75	\$37.50	\$93.75
1/2 SIZE Hawthorn, Foothills or Hickory	\$47	\$23.50	\$58.75
1/3 SIZE Hawthorn only	\$33	\$16.50	\$41.25

* Reduced rate documentation is one of the following:

- Boulder Food Tax Rebate
- Medicaid
- Boulder Housing Partners
Public Housing

Full size app. 400sqft
 1/2 size app. 200sqft
 1/3 size app. 130sqft

I will be paying \$ _____ for my _____ garden plot(s) to be processed through the City of Boulder Parks and Rec.

A donation to the GARDENSHIP FUND will help provide a garden at a reduced rate to those in need. Please make donations in person at the Iris Center, 3198 Broadway.

Community Service: Four hours of Community Service time (per plot per year) must be given to participate in the Community Garden Program. **This is in addition to maintenance of your plot and pathways.** This will be tracked closely. Failure to do these hours will result in non-renewal of your plot or a fine of \$80 to renew your plot the following year. There are many tasks needing to be completed and the office is open to unique and creative suggestions. There are specific garden days that will be scheduled throughout the season. Other events and/or activities please coordinate with Garden Leaders or the Community Garden Coordinator who will record your community service hours. You are responsible for fulfilling your plot's full 4 hours whether or not you get called. The deadline to complete and report Community Service hours to the office is November 15, 2008.

<p style="text-align: center;"><u>Specific Volunteer Jobs</u></p> <p>___ Garden Leader</p> <p>___ Garden Buddy</p> <p>___ “On call” help as needed</p> <p>___ Seasonal assignment</p> <p>___ Translator Spanish</p> <p>___ Translator Hmong</p> <p>___ Translator Other: _____</p> <p>___ Office Help</p> <p>___ I am available to help this spring (now!)</p> <p style="text-align: center;"><u>Committees</u></p> <p>___ Garden Leader Council</p> <p>___ Compost</p> <p>___ Social & Events</p> <p style="text-align: center;"><u>I Am Willing To Help:</u></p> <p>___ Update Bulletin Boards</p> <p>___ Move Compost Bins to Curb</p> <p>___ Maintain Shed and Tools</p> <p>___ Mow Perimeter of Garden</p> <p>___ Host Work Days</p>	<p style="text-align: center;"><u>I Have Access To and Am Willing To Use at My Community Garden:</u></p> <p>___ Lawn Mower</p> <p>___ Weed whacker</p> <p>___ Carpentry Tools: Drills, Saws, etc.</p> <p style="text-align: center;"><u>Events and Programs</u></p> <p>___ Compost Sale – March</p> <p>___ Plant Sale – May</p> <p>___ Teach in Children’s Peace Garden March-October</p> <p>___ Help in Cultiva! Field April - Oct</p> <p>___ Greenhouse plant propagation March -May</p> <p>___ Horticultural Therapy helper</p>
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***There are specific garden days that will be scheduled throughout the season. You can sign up for these days at one of the mandatory orientations. Each workday will be supervised by a garden leader and your hours will be recorded by them. Other events and/or activities, please coordinate with Garden Leaders or the community garden coordinator who will record you community service hours.**

AGREEMENT

A directory of the community gardeners will be published this year. The directory will contain names, phone numbers, e-mails and plot information of the community gardeners, for use solely by other community gardeners. No addresses will be published. State Public Records Law prohibits our sharing phone numbers of users of city programs without express permission. By signing this agreement, I hereby give permission to share my phone number with other community gardeners unless I have checked the following box.

___ I do not want my phone number shared with other Community Gardeners. Please do not publish my contact information in the directory.

I have read and understood the enclosed rules and policies, and by signing this application agree to comply with them. I understand that failure to comply with the rules and policies will result in loss of gardening privileges and the reassignment of my plot without refund of any fees as determined by the City of Boulder Community Gardening Program. I understand that failure to comply by any person assisting me in my plot will also result in such actions by the City of Boulder Community Gardening Program.

Signed _____ Date _____

**CITY OF BOULDER
COMMUNITY GARDEN PROGRAM**

ADVISEMENT OF RISK, RELEASE AND MEDICAL AUTHORIZATION

Please read this form carefully and be aware that in registering for participation in this Community Gardens Program you are advised of the risks which you may experience as a result of participating in this Program.

The Community Gardens Program is an activity in which, despite preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injuries such as the following. This list is by no means complete or exclusive, but includes:

1. Muscle strain and other muscle injuries.
2. Foot problems.
3. Heat stroke or heat exhaustion

I release all claims which may arise against, and agree not to sue, the City of Boulder/Growing Gardens and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in the Program.

I further agree to indemnify, hold harmless and defend the City of Boulder/ Growing Gardens and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the Program.

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photographs, digital images, or videotape of program participants and spectators may be used for future promotional or marketing material.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Participant's Signature _____ **Date** _____

Participant's Name _____

Garden _____ Plot Number _____

Birth Date _____ Age _____ Sex: M ____ F ____ Phone _____

Address _____

Photo release (please initial) ____ Yes ____ No