



## 2015 GARDENER APPLICATION

1. Gardener: \_\_\_\_\_
2. Gardener Address: \_\_\_\_\_  
\_\_\_\_\_
3. Gardener Phone: (\_\_\_\_) \_\_\_\_\_
4. Gardener E-mail: \_\_\_\_\_
5. Number of plots: \_\_\_\_ Fee per plot (20 ft x 20ft): \$25
6. If you are a new gardener, would you like an experienced gardener to help you? Yes \_\_\_\_ No \_\_\_\_
7. Photo permission: From time to time, gardeners, garden leaders and the media may take photos of the garden. Please check here \_\_ if you do not give your permissions for your photo to be published. If you do not give your permission, please let the photographers know when you encounter them at the garden.
8. A gardener phone and e-mail list is shared with all gardeners. Please check here \_\_ if you do not give your permission to share your phone number and/or e-mail with all gardeners.

*By signing below, I agree that I have read and understand the Grassroots Guidelines and plan to abide by all of the garden rules. I understand that the Lincoln County Health Department is not responsible for my actions or anyone who helps me garden. I therefore agree to hold harmless the Lincoln County Health Department for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.*

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Signature

Date