



BURIEN GREEN HOUSE COMMUNITY GARDEN APPLICATION

Community Garden located at 437 SW 144th Street Burien, WA 98166

Welcome to Burien's Community Garden Program open to all city residents. Applying for a garden plot will provide you a space to cultivate and also the opportunity to garden with other community members. For consideration, please complete and return this application form with your payment.

GARDEN PLOT APPLICATION

New Gardener: Returning Gardener/Plot #:

Full Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

The primary language I speak is: _____

Plots are 75 square feet (6'x 12.5') and \$25/year. The community garden has 29 plots, so one plot per resident household will be allocated. Priority will be given to returning gardeners first.

Enclosed is my check made payable to the City of Burien.

Charge my credit/debit card: Visa Mastercard

Card # _____ Exp. Date _____

Signature _____ 3 Digit Security Code _____

Remit Application and Payment to: Burien Parks & Recreation/GARDEN 14700 6th Ave SW Burien, WA 98166

Additional gardeners at my plot (name): _____ Phone Number: _____

I would like a plot near a friend (friend's name): _____

Senior adults and persons with physical limitations will be assigned raised plots when possible. _____

Please let us know if this applies to you:

I have physical limitations I am a senior citizen, 62 years or older and would like a raised plot.

Equal Access: The City of Burien does not discriminate against or exclude anyone from participating in any programs or services on the basis of age, color, gender, gender identify, gender orientation, gender preference, national origin, physical or mental disability or challenge, race, or religion. I understand that if an accommodation is needed that such requests are needed at least ten working days before the activity begins.

Emergency Treatment: I consent to my/my child's or children's participation in the activity/program of the Burien Parks & Recreation Department, and authorize the Department and its agents, employees or volunteers to provide emergency treatment for me, my child or children on my behalf.

Photo/Video Release: I give my permission to have my, or my child's or children's photo(s) taken, recorded or videotaped, before, during and after classes or program activities when these are used by the Burien Parks & Recreation Department for publicity or marketing purposes. I consent to the use of my name, likeness, image and/or voice or those of my child or children without monetary compensation in connection with any Burien Parks & Recreation Department publicity, and expressly release the Burien Parks & Recreation Department and its agents, employees, representatives, and volunteers from any and all claims for damages for libel, slander, invasion of the right of privacy and any other claim arising out of any broadcast, exhibition, promotion or advertising of the Burien Parks & Recreation Department.

I am eighteen (18) years of age or older, fully competent and I desire to participate in the City of Burien sponsored recreation activity for which I am currently registering and with which this release is associated. I accept, know, and understand that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death, illness, infection from a disease or virus carried by another participant, volunteer or staff member, or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. I understand and accept that Burien offers no assurance or promises as to the safety of the participants present at or participating in any Burien-sponsored recreation activity. Being fully informed as to the risks and in consideration of being allowed to participate in Burien-sponsored activities and/or use of Burien facilities, I hereby assume all risk of injury, damage, illness, infection, and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, assigns and executors release and hold harmless the City of Burien, its agents, counsel, directors, employees, officials (appointed or elected), representatives and volunteers, and waive any action, claim, lawsuit, or right of recovery that I, my family, assigns or heirs might have against any of them for any personal injury, death, illness, infection, or other consequences occurring to me arising out of my knowing, intelligent and voluntary participation in this activity.

Applicant Signature: _____ Date: _____

Additional Gardener Signature: _____ Date: _____