**Borough of Mount Arlington Community Garden Application 2019 Season**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$25.00 Annual Fee \_\_\_\_\_\_\_\_\_\_\_ (must be received with application)**

**Please read the following Statement and sing in the space provided below:**

I hereby acknowledge that I have been requested to sign an agreement which states that I will be responsible to make the Borough of Mount Arlington, its directors, officers, agents and employees whole from any claim, lawsuit, settlement, or judgment, including all attorneys fees, together with all costs, fees and interest, that arises in or out of the use of municipal property by myself, my guests, invitees, licensees, visitors, or other person(s) present on the premises of the municipality in order to participate in, organize, assist, enjoy, supervise, or in any other way, further the Community Garden and any activities held in conjunction with the Community Garden.

 Further, in no event will the total liability to the Gardener by the Borough of Mount Arlington, its directors, officers, agents and employees for damages exceed the amount of annual Membership and Registration fees. I agree to hold harmless and indemnify the Borough of Mount Arlington for any liability, damage, loss or claim that occurs in connection with use of the garden by me or any of my guests. There is no security for personal belongings. Failure to follow any garden or public area rules and regulations, after reasonable attempts to notify Gardener, may result in loss of your gardening plot. The Gardener may seek to re-establish gardening privileges, but will be asked to stay out of the gardening area until the issue is resolved. The Gardener will not be eligible for any refund or reimbursement for any seed, plantings, or other materials left at the gardening site. By signing below, you acknowledge that you have read and understand the above Statement and will abide by the Mount Arlington Community Garden Rules.

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

Any questions please contact cchismar@mtarlingtonboro.com

**For Office Use Only:**

**Gardener Assigned Plot # \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**