



# HINCKLEY TOWNSHIP

1410 Ridge Road Hinckley, Ohio 44233  
330-278-4181 | www.hinckleytwp.org

Raymond Schulte, Chairman • James Burns, Vice-Chairman • Melissa Augustine, Trustee • Martha Catherwood, Fiscal Officer

## 2020 Hinckley Township Community Garden Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

~~\$10.00 Annual Fee Included~~ NO Fee for 2020

Please indicate two areas you are willing to assist with this season.

*Each gardener is expected to share in the overall maintenance and operation of the Community Garden.*

\_\_\_\_\_ Site maintenance

\_\_\_\_\_ Mailings

\_\_\_\_\_ Phone calls

\_\_\_\_\_ Composting

\_\_\_\_\_ Pathway care

\_\_\_\_\_ Flower plantings

I have read the Community Garden Rules and I understand that a failure to comply may result in the loss of my assigned plot. **I also agree to release all claims upon Hinckley Township as follows:**

I am duly aware of the risks and hazards that may arise through participation in the Hinckley Township Community Garden Program and assume any expenses and liabilities I incur in the event of an accident, illness, or other incapacity. If I have had any questions about the program, its nature, risks, or hazards, I have contacted the appropriate Hinckley Township official and discussed those questions with him or her to my satisfaction.

In consideration of being granted the opportunity to participate in the Hinckley Township Community Garden Program, I, for myself, my executors, administrators, agents, and assigns, do hereby release and forever discharge Hinckley Township, and its Board of Trustees, and employees for all claims and damages, demands and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this release means that, among other things, I am giving up my right to legal action against Hinckley Township, and it's Board of Trustees for any such losses, damages, injury or costs that I may incur.

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

Assigned Plot Number \_\_\_\_\_