

Marlborough Cider Knoll



Community Garden

2016 Application

Name:		
e-mail a	address:	
Phone :	#:	
Addres	s:	
FEES:	□ \$25 Full Plot □ \$15 half plot	
	Make checks payable to City Of Marlborough	
	Mail: Form and check to Priscilla Ryder, Conservation Department, 140 Main Street, City Hall Marlborough MA 01752	
	Yes, I have signed city Waiver Form –on back	

Questions please contact Priscilla Ryder at 508-460-3768 or pryder@marlborough-ma.gov

CITY OF MARLBOROUGH VOLUNTEER CONSENT & RELEASE FORM

I, the undersigned	, do hereby consent to my participation		
in the City of Marlborough's Community Garden and related activities.			
members, volunteers and any and all inc Community Garden and associated volu of action and causes of action that may indirectly, from personal injuries to myse	of Marlborough ("City"), and all their employees, agents, board dividuals and organizations assisting or participating in the unteer activities ("the Releasees") from any and all claims, rights have arisen in the past, or may arise in the future, directly or elf and/or property damage sustained by me as a result of my gh's Community Garden and related activities.		
and proceedings of any description that future, directly or indirectly, arising from	d hold harmless the Releasees against any and all legal claims may have been asserted in the past, or may be asserted in the personal injuries to myself and/or property damage sustained by City of Marlborough's Community Garden and related		
I further affirm that I have read this Volunteer Consent and Release Form and that I understand the contents of this Form. I understand that my participation <u>is voluntary</u> and that I am free to choose not to participate in the <u>Community Garden and related activities</u> . <u>By signing this Form, I affirm that I have decided to participate in the City of Marlborough's Community Garden and related activities</u> , with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage I may sustain as a result of my participation.			
	Participant's Signature:		
	Print Name		
	Address		
	Phone number:		
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