



P.O. Box 1862, Morgan Hill, CA 95038  
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 www.mhcommunitygarden.org (website)  
 facebook.com/morganhillcommunitygarden

## Garden Registration, Agreement and Waiver 2024

**PLEASE PRINT CLEARLY IN INK:** First and last name, complete residence address, phone number, and email address. All participants must have a signed waiver on file (other side). Parents must sign for children under 18. Make payment to MHCG. Mail this form with your payment and verification of residence to MHCG, PO Box 1862, Morgan Hill, CA 95038. **Payment (but not other registration documents) can also be made by Zelle at grow@mhcommunitygarden.org DO NOT LEAVE AT GARDEN. NO CASH PLEASE. Checks will be held and cashed in January at the beginning of the 2024 fiscal year.**

MANAGEMENT USE ONLY:

PLOT NUMBER \_\_\_\_\_ GARDENING FEE \_\_\_\_\_ CHECK # \_\_\_\_\_ ZELLE \_\_\_\_\_

PLOT SIZE \_\_\_\_\_ DATE PAID \_\_\_\_\_ Residence Verified \_\_\_\_\_

PLOT HOLDER NAME (primary) \_\_\_\_\_

PLOT HOLDER NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONES(S) \_\_\_\_\_

EMAIL ADDRESS(ES) \_\_\_\_\_

**RETURNING GARDENERS:** CHECK THIS BLOCK IF YOUR RESIDENCE IS  SAME AS LAST YEAR. If you have moved, provide residence verification.

I understand that participating in the Morgan Hill Community Garden (MHCG) is a privilege, not a right. I understand that I do not own my garden plot, but pay a gardening fee on an annual basis to use it responsibly by **planting and maintaining it 12 months a year.**

I acknowledge and agree to abide by the following:

**The MHCG Gardening Policies 2024**

I represent that I have received a copy of the MHCG Gardening Policies 2024 and **I have read them.** Further, I understand that the Oversight Committee is authorized by the MHCG Board of Directors to

interpret and enforce these Gardening Policies. Until official changes are made, I understand that I am obligated to abide by the Gardening Policies 2024 as they are written.

**The MHCG Bylaws**

I represent that I have received a copy of the MHCG Bylaws 2024 and I will abide by them as written.

**Adherence to Organic Gardening Principles- Only items labeled as ORGANIC may be used.**

The MHCG Program adheres strictly to the principles, concepts, and practices of organic gardening. Use of pesticides, herbicides, chemical fertilizers, or practices inconsistent with organic gardening is prohibited. If I am ever in doubt about the permissibility of any such usage, I understand that it is my responsibility to read the **MHCG Product Policy Guidelines 2024** and consult the Oversight Committee or Board of Directors.

**No Commercial Use**

I represent that I will not grow any plants in my garden plot for sale or for any unlawful purposes.

**Ethics Policy**

As a community, MHCG is committed to treating all individuals with respect and dignity. Bullying, criticism or discriminatory behavior toward any member or their guests WILL NOT be tolerated. In the event this policy is violated, Section IV “Violation of Community Garden Policies” will be invoked and due process will be followed.

**Enforcement by Injunctive Relief**

I agree that in the event of my non-compliance with this agreement, MHCG may obtain immediate injunctive relief in any court of competent jurisdiction to temporarily and/or permanently enforce this Agreement against me. Such right shall be in addition to, and not in lieu of, MHCG’s other rights hereunder.

**WAIVER OF LIABILITY (liability release) Must be signed by every participant**

I, the undersigned, have read the above form and the Gardening Policies in consideration of participation in the Morgan Hill Community Garden. I agree to indemnify and hold harmless the MHCG and the City of Morgan Hill and release them from any and all liability for injury which may be suffered by me or any persons named on this form or any visitors I may bring onto the MHCG premises, arising out of or in any way connected with participation in the MHCG. I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY INJURY THAT MAY BE INCURRED. **I agree that I have read and will abide by the terms spelled out in this form, the MHCG Garden Policies and the MHCG Bylaws.** I understand that failure to comply with any of these documents may result in the immediate loss of my plot privileges without refund of fees.

SIGNATURE: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide, on the additional form (page 3), the names and contact information of others who will participate with you, including those who will water for you when on vacation.**

