



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

Garden Registration, Agreement and Waiver 2026

- 1) **Mail this form and verification of residence (new members) to MHCG, PO Box 1862, Morgan Hill, CA 95038. OR- Print, fill out, and scan documents to a pdf and email to info@mhcommunitygarden.org.**
- 2) **Make payment by mailing check or money order to the above address. DO NOT LEAVE AT GARDEN. NO CASH PLEASE. OR-Payment can be made by Zelle and sent to grow@mhcommunitygarden.org.**

Please check your email often for garden news. This is our main method of communication. Be sure it isn't going to spam or junk folders.

PLEASE PRINT CLEARLY IN INK: First and last name, complete residence address, phone number, and a good email address for all garden correspondence and information. All participants must have a signed waiver on file on page 2. Parents must sign for children under 18.

MANAGEMENT USE ONLY:
PLOT NUMBER _____ GARDENING FEE _____ CHECK # _____ ZELLE _____
PLOT HOLDER NAME (primary) _____
PLOT HOLDER NAME _____
RESIDENCE ADDRESS _____
CITY _____ ZIP _____ PHONES(S) _____
EMAIL ADDRESS(ES) _____
<u>RETURNING GARDENERS:</u> CHECK THIS BLOCK IF YOUR RESIDENCE IS THE SAME AS LAST YEAR. If you have moved, provide residence verification. <input type="checkbox"/>

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. Garden event photos may be taken for garden publicity. Contacts may be shared with garden committees. Priority given to Morgan Hill addresses.**

I acknowledge that I have read and agree to abide by the following:
The MHCG 2026 Bylaws and 2026 Gardening Policies

I represent that I have received a copy of the MHCG Bylaws and Gardening Policies 2026 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 2026 as they are 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** 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.

Every participant must sign a Waiver of Liability. Parents must sign for children under 18 years of age.

ADDITIONAL PARTICIPANTS (MORGAN HILL RESIDENTS)

PLOT HOLDER NAME: _____ **PLOT NUMBER:** _____

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 to abide by the terms spelled out in this form, the MHCG Gardening 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: _____
Residence		
Address: _____	Phone: _____	Email: _____
Signature: _____	Print Name: _____	Date: _____
Residence		
Address: _____	Phone: _____	Email: _____
Signature: _____	Print Name: _____	Date: _____
Residence		
Address: _____	Phone: _____	Email: _____
Signature: _____	Print Name: _____	Date: _____
Residence		
Address: _____	Phone: _____	Email: _____
Signature: _____	Print Name: _____	Date: _____
Residence		
Address: _____	Phone: _____	Email: _____
Signature: _____	Print Name: _____	Date: _____
Residence		
Address: _____	Phone: _____	Email: _____