



Gardening Agreement for the 2019 Growing Season

Community Action Services & Food Bank (CAFSB)

815 S Freedom Blvd., Provo, UT 84601 | 801-691-5207 | Contact: Maria Valencia

1. Name:	2. Primary Language
3. Address	City, State, and ZIP
4. Email	5. Phone
6. Income <input type="checkbox"/> Below \$17K/yr. <input type="checkbox"/> \$17K-\$30K/yr. <input type="checkbox"/> \$30K-\$40K/yr. <input type="checkbox"/> 40K-50K/yr. <input type="checkbox"/> \$50K-60K/yr. <input type="checkbox"/> \$60K-\$70K/yr. <input type="checkbox"/> \$70K-\$80K/yr. <input type="checkbox"/> Above \$80K/yr.	
7. How many people are in your family?	8. How many are under 18 years old?
9. Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are there Veterans or Active Duty military in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you interested in <input type="checkbox"/> individual plots and/ or <input type="checkbox"/> communal share?	12. Do you have disabilities that make it difficult to garden?
13. How did you hear about us?	14. Garden Location (and Assigned Plot, if app.)

_____ **LAND USE AGREEMENT:** This agreement is for the current growing season (April 8th- approx. Oct 31st). I understand that CAFSB has made a contractual agreement on the property for decision making purposes of the land in accordance with CAFSB’s Mission. Land use is conditional and can be revoked. I understand that I am a guest on the property and agree to follow all garden rules.

_____ **FINANCIAL AGREEMENT:** I agree to pay \$25 for one (1) plot or communal share. I understand that my payment is nonrefundable. In addition, I agree to BOTH of the following

- Volunteer time commitment of at least 10 hours. These can be fulfilled by attending meetings, seasonal workdays, or fulfilling routine garden maintenance tasks.

- Winterize my garden area by preparing it with mulch/manure, cover crop, or compost, including ALL plant removal.

_____ **GARDENING METHODS:** I agree to use sustainable methods; including a drip system or other water-conservation method, sustainable methods of fertilization, pest control, and weed control. I will not use



methods that can harm the garden or the environment. I will not do anything that will render the plot unusable for the following growing season. I will not do anything that requires a lot of plot remediation.

_____ **PLOT AGREEMENT:** I will maintain and prepare my garden area. This includes tending to the area around my plot, harvesting in a timely manner to prevent wasted produce, and preparing it for the next season with manure, compost or cover crop. I will only take from my area, unless given permission from another gardener. I will winterize by October 31st. *I will be a good community gardener.*

_____ **COMMUNITY AGREEMENT:** A part of CASFB’s mission to “foster self-reliance in individuals, families, and the community”, I will look for ways to assist/advocate due to my involvement in the garden (volunteer, donate, teach, manage).

_____ **ACKNOWLEDGEMENT OF RISK:** Gardening is a minimal risk activity, BUT some serious, even life-threatening risks include; exposure to sun and elements, insects or other animals, harm from plant life and garden landscape, injury by tools or equipment. I am responsible for my own safety, including having an EpiPen if there is a need. **BE SAFE!**

_____ **LIABILITY WAIVER:** I agree to hold harmless the CASFB, Property Owners or Affiliates for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guest(s).

Community Action Services and Food Bank & Property owners assume no liability.

I, (Print full name) _____, agree to this contract in its entirety and understand that failure to follow this Gardening Agreement may result in my loss of garden privileges.

Signature:

Date: