CITY OF ONEONTA
NEW YORK

Phone: 607.432.6450
Fax: 607.433.3420
Internet Address:
www.oneonta.ny.us/cityclerk
E-Mail Address:
cityinfo@oneonta.ny.us

OFFICE OF THE CITY CLERK
City Hall, 258 Main Street
Oneonta, NY 13820-2589

CITY OF ONEONTA COMMUNITY GARDENS

APPLICATION/RELEASE FORM 2018

OFFICE USE ONLY
Plot Number: _____
Fee Received: _____
Method of Payment: _____
Clerk's Approval: _____

Applicant Name (Please Print)

Address

City **State** **Zip Code**

Home Phone **Work Phone** **Mobile Phone**

E-Mail Address

Community Gardens Application Rules

1. The Clerk's Office will begin accepting applications at 8 a.m. on Friday, April 6 from **City of Oneonta residents only**.
2. Plots will be awarded on a first come first served basis.
3. If plots are still available, the Clerk's Office will begin accepting applications from non-residents beginning 8 a.m. on Friday, April 27.
4. Fee must be remitted at time of registration. Fees are $50 for City of Oneonta residents and $100 for all others. **Fees must be paid via cash, or check/money order payable to: "City of Oneonta". You may also pay with a debit or credit card, but there is a processing fee for this method of payment.**

Please Read Before Signing

I, the applicant, wish to participate in the COMMUNITY GARDENS PROGRAM, to take place at the Swart Wilcox Garden Parcel for 2018. This program is administered by the City of Oneonta. I understand that while participating in this program, I may be exposed to potential dangers, including but not limited to, injury from the misuse of tools, exposure to fertilizers, pesticides or other organic or inorganic matter, tripping or falling hazards, or other potential risks including interactions with other participants in the program or others who may be on the site. I recognize these risks may expose me to danger and that physical injury, including serious physical injury or even death, may occur to me as a result of my own actions or the actions of others while participating in the program. I agree to review, prior to my participation in the activity, the conditions of the gardens and related facilities and any equipment used in this activity, and will accept any risk they might present while I am participating.

I accept the risks of participation in this program and RELEASE any claim of any nature I might have against the CITY OF ONEONTA, NEW YORK AND ITS EMPLOYEES OR VOLUNTEERS arising out of any damage or injury I receive while participating in any part of this program to the full extent authorized by law. I agree that I will abide by the rules as set forth in the issued permit. I further certify that I am over 18 years old and have read and understand this release of liability, and reside at the address given above.

_____ _____

Date Applicant Signature