

MEXICO COMMUNITY GARDEN

2024 APPLICATION

TO OBTAIN A PLOT IN THE MEXICO COMMUNITY GARDENS, PLEASE FILL OUT COMPLETELY AND RETURN FORM TO: THE HELP CENTER, 409 FAIRGROUND ST. MEXICO MO 65265. 573-581-3238

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

BEST WAY TO REACH YOU? _____ TIME _____

ARE YOU GOING TO BE WORKING WITH ANYONE _____

IF YES WITH WHOM _____ PHONE# _____

ADDRESS _____ E-MAIL _____

TIMES OF DAY YOU PLAN ON GARDENING _____

WILL YOU NEED HELP WITH YOUR GARDEN _____ ANY SPECIAL ACCOMMODATIONS _____

GARDEN LOCATIONS (HELP CENTER _____

(MLK PARK) _____ INDEPENDENT GARDENING (WILL NEED YOUR OWN TOOLS) THIS LOCATION

PLEASE READ AND SIGN BELOW

I / WE WHILE PARTICIPATING IN THE MEXICO COMMUNITY GARDENING PROJECT, UNDERSTAND THE RISKS INHERENT IN THIS ACTIVITY AND VOLUNTARILY ASSUME ALL RISKS INCIDENTAL TO THE CONDUCT OF THE PROJECT. I / WE DO NOT HOLD THE MEXICO COMMUNITY GARDEN STEERING COMMITTEE, THE UNIVERSITY OF MISSOURI EXTENSION AND ITS REPRESENTATIVES, THE MEXICO HELP CENTER THE VOLUNTEERS ASSISTING, THE MEXICO COMMUNITY GARDEN LEADER, THE SPONSORS AND SUPERVISORS, ANY OR ALL OF THEM. IN CASE OF INJURY TO ME OR DEPENDENTS IN GOALS OF THE PROJECT. MY CARE, I / WE WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED TO THEM. I / WE LIKEWISE RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MYSELF, TO OR FROM THE ACTIVITIES RESPONSIBLE. I FURTHER AGREE TO AUTHORIZE THE MEXICO COMMUNITY GARDEN COMMITTEE TO RECORD AND OR USE MY / OUR LIKENESS OF ME OR DEPENDENTS IN MY CARE FOR THE PURPOSES OF MARKETING, PROMOTING, ADVERTISING, REPORTING AND / OR THE FACILITATION OF SOCIAL MEDIA.

TIMES YOU ARE AVAILABLE TO VOLUNTEER _____.

SIGNATURE (18 YEARS OR OLDER) _____ DATE _____