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OFFICE OF THE CITY CLERK

City Hall, 258 Main Street

Oneonta, NY 13820-2589

CITY OF ONEONTA COMMUNITY GARDENS

APPLICATION/RELEASE FORM 2015

Applicant Name

Address

City State Zip Code

Home Phone Work Phone Mobile Phone

E-Mail Address

| OFFICE USE ONLY | |
|-------------------|-------|
| Plot Number: | _____ |
| Fee Received: | _____ |
| Clerk's Approval: | _____ |

Community Gardens Application Rules

1. The Clerk's Office will begin accepting applications at 8 a.m. on April 3 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 April 24.
4. Fee must be remitted at time of registration. **Fees must be paid via cash or, check or money order made out to "City of Oneonta"**.

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 2015. 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 further certify that I am over 18 years old and have read and understand this release of liability, and reside at the address given below.

Date

Applicant Signature