

## Elgin Community Garden Application and Waiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(Applicant must be a resident of Elgin, or employee of business located within city limits of Elgin)

Phone Number: \_\_\_\_\_

E-Mail Address\*: \_\_\_\_\_ \*All communications will be email.

- I have read the Elgin Community Garden Guidelines and Rules and agree to abide by them.
- I understand that the City of Elgin is not responsible for any accidents or injuries, or any damage to, or theft of, any personal belongings, including plantings while at the community garden.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:**

**Paid:** \_\_\_\_\_

**Date:** \_\_\_\_\_