



City of Pico Rivera
 Department of Parks & Recreation
2024- 2025 Plot Application

Last Name:	First Name:
Address:	
City:	State: Zip:
Date of Birth:	Cell Phone:
Home Phone:	Email:

I have previous experience in *(please check any of the following)*:

Gardening **Canning** **Freezing**

Will you need help in starting your garden? **Yes** **No**

If yes, best time to contact you: _____

Can you devote a minimum of five hours per week to maintain your assigned plot?

Yes **No**

Can you keep your garden free of weeds at all times? **Yes** **No**

Will you be able to grow plants during all seasons? **Yes** **No**

Initials

_____ I agree to read and abide by all the Rules & Regulations required to rent a garden plot.

Hold Harmless Agreement

I agree to waive and release the City of Pico Rivera and its officers, agents, and employees from and against any and all claims, cost liabilities, expenses or judgments, including attorney’s fees and court costs arising from my participation in the City’s Community Garden program or any illness or injury resulting therefore, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the City or its employees. I understand and agree that by signing this wavier, I am freeing the City of Pico Rivera and its employees, officers or agents from any liability resulting from my participation in this event or activity. I hereby represent that I understand and am familiar with the nature of the activities in which I will participate in the Community Garden program. I personally read and understand this Release.

Photo/Video Release

I give my permission to the City of Pico Rivera to photograph/video tape me or my children participating in the programs for use in the city of Pico Rivera publicity and publications and will not seek compensation for such. Videos/ Photos will be for the purpose of promoting various programs and services to the community.

Print Name _____ Sign _____ Date _____

Office Use Only

Accepted Denied, Reason: _____ **Plot #:** _____

Staff _____ **Date:** _____ **Key#:** _____