

COMMUNITY GARDEN PLOT FORM

2025

PARTICIPANT INFORMATION

Full Name _____

Street Address _____ Cell Phone _____

City _____ State _____ Zip _____ Home Phone _____

Email _____ Alternative Phone _____

Would **you** like to receive our email newsletter with information on upcoming programs and events? YES NO

GARDEN PLOT RENTAL	FEE
Community Garden Plot Spring/Summer Rental March 24, 2025-November 15, 2025	\$50

PAYMENT INFORMATION

Cash or check are the accepted forms of payment for Community Garden Plots)

TOTAL REMITTANCE DUES _____

Check Cash

REGISTRATION

Registration for the garden plot(s) for River Forest residents will open on Monday, February 24. Registrations are only being accepted at The Depot (no online registration), 401 Thatcher Avenue, River Forest. Registration hours are Monday-Friday, 8:30 am-4:30 pm. Participants are required to complete a registration form, sign a waiver, and make full payment before being assigned a garden plot(s). For River Forest residents, an ID and a copy of their water bill are required for proof of residency.

Waiver and Release of all Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of your participation in the program/programs you have registered for.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s), including transportation services and vehicle operations, when provided.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the River Forest Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the District (or as the parent or guardian of a participant), I hereby grant the District permission to use my or my child's image, vide form, or voice in photographs, videotapes, Internet website or other materials prepared released by the District from time to time, for promotional, safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the District sees fit. By this permission and release, I hereby release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the District.

Supplied email addresses will be shared with program instructors and coaches. When registering by fax or on line at the River Forest Park District, it is mutually understood that the facsimile or on line signature and registration document (including the Waiver and Release of All Claims) shall substitute for and have the same legal effect as the original form signature.

I have read, understand and agree to the terms of the River Forest Park District Cancellation and Refund Policy. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

The River Forest Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities.

PROGRAM WAIVER

I have read the program waiver stated on the back and understand that *my* signature is required in order to participate in *any* program.

Participant Signature (or Parent's Signature if participant is under 18 years)

Date

Signature MUST be included for Registration Form to be processed.

LAST NAME: