

ORGANIC GARDEN COOPERATIVE

Plot(s) _____ Name(s) _____

Address _____

UF Student? _____ UF Staff/Faculty? _____ Department _____

Phone (H) _____ (cell) _____ (W) _____

Email _____

I, _____ as a member of the Organic Garden Cooperative (located on S.W. 23rd Terrace, Gainesville), do hereby release the University of Florida, the Florida Board of Regents, and the Organic Garden Cooperative from any and all claims resulting from any injury, sickness, or affiliation which may occur while engaged in this project.

I agree to read the garden policies and abide by them. I understand my responsibilities as a member of the Organic Garden Cooperative and agree to the following:

- I will attend at least 3 work parties during each rental period or perform 6 hours of co-op related chores;
- I will maintain any fences and clear paths around my plot(s);
- I will not use chemical fertilizers and insecticides;
- I will not grow illegal crops/plants;
- I will take proper care of the tools I use;
- I will follow garden guidelines for water use and manure use;
- I will be mindful of the needs and concerns of my fellow gardeners.

Member signature

Date

Plot lease dates

Amount paid

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The OGC has an ongoing need for skilled volunteers. If you have a skill or interest you would like to share, please indicate this below.

- _____ Beekeeping
- _____ Carpentry
- _____ Plumbing
- _____ Small Engine Repair
- _____ Sign painting
- _____ Fruit crops
- _____ Other _____