Welcome to the Memorial University Community Garden. Please review and follow the guidelines below. Once you have completed this agreement, paid your non-refundable plot fee ($30 small or $50 large), been assigned a plot, and attended orientation, you are ready to garden.

**Lead Member**

First name: ___________________________ Last name: ___________________________

Home phone #: ______________________ Cell phone #: ______________________

MUN phone # (if applicable): ______________________

E-mail: _______________________________ (must be an @mun.ca e-mail address)

MUN affiliation (please check): Student: undergraduate ___ graduate ___  Student #: _____________

Home phone #: ______________________

Lawn completed by: _____________________

**Garden Guidelines**

1. To be a lead member of a plot, I must be a current student of Memorial University who is continuing studies in the fall of 2019, or a current or retired staff or faculty member of Memorial University. If my status changes, I will notify the garden board.

2. The primary mode of communication with the garden board is by @mun.ca email.

3. I or a member of my plot must attend an orientation session prior to the start of the garden season.

4. I understand this is an organic garden and will consult with the garden board before application of fertilizers, herbicides or pest controls. If unapproved fertilizers, pesticides or herbicides are used, I understand that I will have to reimburse any costs related to the analysis or remediation of the soil.

5. I will have something planted in my plot by the “plant-by” date stated by the garden board and will use the plot throughout the summer. If the plot is not used by the specified date, it will be allocated to a new member.

6. I will ensure that members of my plot contribute to general maintenance of the garden (e.g. weeding common areas, tidying the shed, filling water containers) and/or garden projects by volunteering a minimum of two hours per plot during the season. If members of the plot fail to complete the required volunteer hours, the lead member will not be eligible to renew in the following year.

7. I will notify the garden board if I am no longer able to take care of my plot, if I am absent for an extended period, or have asked a friend to tend my garden. In the latter case, this person will have to sign this agreement.

8. I am responsible for keeping my plot tidy with weeds kept to a minimum, and for the trimming of grass and weeds around the perimeter (wooden frame) of my plot. If a plot becomes unkempt (e.g. diseased plants not removed), it is the discretion of the garden board to set a deadline for cleanup.

9. I am responsible for removal and disposal of all debris from my plot as directed by the garden board.

10. I will not grow anything high enough to negatively affect the growth of neighbouring plots (e.g. sunflower, corn).

11. I will ensure that my plot is properly closed down by November 1st, 2019 or the date set by the board of directors. For members who are not returning the following year, this includes the removal of all vegetation.

12. I will not drink alcohol, smoke or bring animals inside the perimeter of the garden.

13. I will not share access to the tool shed with anyone who is not a member of the garden.

14. I will not plant anywhere other than in my own garden plot unless permission has been obtained from the garden board of directors.

15. Tools from the shed must be cleaned after each use and returned to the shed. I agree to cover the cost of replacement of tools if I am negligent with their use.

16. I will lock the shed and make sure equipment is stored properly if I am the last person to leave the garden.

17. I am welcome to bring guests or family occasionally and I understand that I am responsible for their behaviour within the perimeter of the garden.

18. I am responsible for the cost of all damage to the University’s premises caused by any person that I invite to the premises and shall reimburse the University all costs within 15 days of the University providing me with an invoice for such damages.

19. The University reserves the right to revoke permission for the use of the garden as a result of safety or emergency concerns or the occurrence of other high priority incidents on the University’s campus.

20. I will not carry on any activities that will create a nuisance for other users of the University facilities.

21. I agree to abide by all fire and safety regulations and other laws and regulations governing the use of the University’s premises.

22. The University cannot be held responsible for the results of the garden.

23. I can hold my plot as the lead member for a maximum of three gardening seasons. After a one season “time-out period”, I can re-apply to be a lead member of a plot.

24. If I do not follow the garden guidelines listed here, I will not be able to renew my plot.
Memorial University Community Garden
Members Agreement 2019

I have read these Garden Guidelines and understand that failure to comply with them could result in the removal of my rights regarding the plot.

Names and signatures of all members (use an additional page if necessary)

1. Lead Member Name (please print)

   Signature ___________________________ Date ___________

2. Name (please print) ___________________________ E-mail ___________________________

   Signature ___________________________ Date ___________

3. Name (please print) ___________________________ E-mail ___________________________

   Signature ___________________________ Date ___________

4. Name (please print) ___________________________ E-mail ___________________________

   Signature ___________________________ Date ___________

5. Name (please print) ___________________________ E-mail ___________________________

   Signature ___________________________ Date ___________

6. Name (please print) ___________________________ E-mail ___________________________

   Signature ___________________________ Date ___________

PARENT/GUARDIAN/CUSTODIAN MUST READ THIS FORM AND SIGN BELOW (IF PARTICIPANT IS UNDER 19 YEARS OF AGE)

This is to certify that I, as parent/guardian with legal responsibility for this Minor, do consent to the foregoing and agree not only to his/her release of Memorial University of Newfoundland and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself.

Parent/Guardian name and signature ___________________________ Date ___________

Witness name and signature ___________________________ Date ___________