



## Clear Lake Area Community Garden Application

Please fill out the following:

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

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

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

Not required, but easier for group information & news:

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

The City of Clear Lake and DADI are NOT responsible for accidents.

I understand that neither the City of Clear Lake, nor DADI are responsible for my actions. I therefore agree to hold harmless the City of Clear Lake and DADI for any liability, damage, loss or claim that occur in connection with use of the garden by me or my guests.

10 x 20 for \$25 \_\_\_\_\_ annually

20 x 20 for \$40 \_\_\_\_\_ annually

**\*\*Your signature on this document indicates your agreement with the waiver listed above.**

**\*\* Your signature on this document indicates your agreement to abide by all the garden rules.**

\_\_\_\_\_  
(Signature of Renter)

Date received: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Office Personnel)

Amount Received: \$ \_\_\_\_\_ (cash) (check # \_\_\_\_\_)