



WSU EXTENSION
Mason County



2023 Community Garden Bed Application

Catalyst Park Demonstration Garden (Corner of S. 8th Street and W. Harvard Ave. in Shelton)

Thank-you for your interest in renting a bed at Catalyst Park Demonstration Garden! *Please drop off or mail applications to: Mason County Extension, Attention: Marie Swanson
303 N. 4th Street, Shelton, WA 98584.*

DEADLINE TO APPLY – April 3rd, 2023

(After this date, contact Marie at: swansom360@gmail.com)

Name: _____
First Middle Last

Address: _____
And Street Name City Zip Code

Best Phone # for Contact: _____ **Best Day/Time for Contact:** _____

Email: _____

Check the box if you are willing to add your email to list of community gardeners for distribution

Bed type requested: Stock Tank ADA (wheelchair-accessible) 4'x 8' Bed
Starting in 2023, there will no longer be any 4'x 12' beds and all rental beds will be in the lower garden.

Name(s) of others sharing your garden plot (family, neighbors):

Name: _____ Over 18 yrs. old? Y N

Name: _____ Over 18 yrs. old? Y N

Tell us why you are interested in a community garden bed:

EMERGENCY CONTACT INFORMATION:

Please provide the name of two individuals that we can contact on your behalf in case of an emergency:

Your Name: _____

EMERGENCY CONTACT #1:

Name: _____ **Relationship:** _____

Home Phone # _____ **Cell Phone #** _____

Work Phone # _____

EMERGENCY CONTACT #2:

Name: _____ **Relationship:** _____

Home Phone # _____ **Cell Phone #** _____

Work Phone # _____

MEDICAL CONTACT INFORMATION:

Doctor's Name: _____ **Phone #** _____

I AGREE TO.... (INITIAL NEXT TO ALL):

_____ Attend **Mandatory** Orientation on April 22, 2023 from 10:00 a.m. – 12:00 noon at Catalyst Park Demonstration Garden. I understand that my garden bed may be forfeited if I do not attend. *Accommodations can be made if you notify swansom360@gmail.com beforehand.*

_____ Plant my garden bed by **June 30, 2023**. If my garden is NOT planted by this date, I agree to forfeit my garden bed and understand that my rental fee will **NOT** be refunded.

_____ Maintain my garden bed including tending, harvesting often. weeding inside the bed and especially weeding the area around the outside edges of my bed (2-foot perimeter). In winter 2023, additional weed barrier fabric was installed around most beds and walkways to cut back on the amount of weeding necessary.

_____ Follow all rules and requirements listed in the 2023 Orientation Packet.

_____ Abide by the Master Gardener Catalyst Steering Committee recommendations.

_____ Clear my garden bed by the end of the season. This is generally by October 31, 2023, but a different date may be announced at the end of the growing season.

Optional:

_____ I would like to receive the Master Gardener “Friday Fresh” email newsletter.

_____ I would like to volunteer in the Catalyst Food Bank Garden as part of my community gardening experience.

REASONABLE ACCOMODATIONS:

Persons with disabilities who require alternative means for communication or program information or reasonable accommodations need to contact Tessa Halloran at 303 N. 4th St. Shelton, WA 98584, (360) 427-9670 ext. 682, or Tessa.Halloran@wsu.edu by April 29th, 2023.

By signing below, I acknowledge that I have read, understood, and agree to all of the above conditions.

Participant’s Full Name (Print): _____

Participant’s Signature: _____

Date: _____

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension Office.

PAYMENT:

Cash or check accepted.

Checks may be written to: **Master Gardener Foundation of Mason County**

- **New and improved** garden beds for 2023.
- **All beds are approximately 4'x8'** (excluding the stock tanks and ADA).
- **Automatic irrigation** to all community garden beds is planned for the 2023 growing season, with **no** water charges. Learning about water conservation with more enjoyment!

To help offset the cost of maintaining the garden, bed rental rates are as follows:

4'x8' = \$40.00 **Stock Tanks (2'x2'x6') = \$30.00** **ADA = \$15.00**

(Wheelchair/Walker Accessible)

In the spirit of the WSU Master Gardener Program slogan:

'Cultivating Plants, People, and Communities since 1973'

The Catalyst Park Demonstration Garden mission is to celebrate community by joining with all our neighbors in a common experience of gardening, education, and environmental stewardship.

Sponsorships to assist with your community garden bed fees may be available. You also have the option to help sponsor a fellow community gardener. For more information, please contact Marie Swanson at swansom360@gmail.com.

General Questions?

Please contact Tessa Halloran at Tessa.Halloran@wsu.edu or 360-427-9670 ext. 682.

Please complete the following Assumption of Risk, Emergency Medical Release, Release of Liability, and Photo Release Form for yourself. After the Orientation, you will need to have one of each completed by all individuals who are sharing your garden plot.

ASSUMPTION OF RISK

I understand that there are risks in participating in activities and educational workshops with the Washington State University (WSU) Extension Master Gardener's Program and Clinics. In consideration for, and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in WSU Extension Master Gardener Program activities include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage; orthopedic damage; severe head, brain, neck, or spinal injuries; paralysis; loss of use of arms and/or legs; eye damage; disfigurement; and death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from WSU Extension Master Gardener activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to myself or property.

EMERGENCY MEDICAL RELEASE

In an emergency requiring medical attention or a situation reasonably believed by WSU Extension authorized agents including Master Gardener staff and volunteers to be an emergency, I authorize WSU and its authorized agents to obtain emergency medical care if I am unable. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. I hold harmless and agree to indemnify WSU, its authorized agents and employees, and the staff and volunteers of the WSU Extension Master Gardener Program from decisions to seek emergency treatment.

RELEASE OF LIABILITY

I release the state of Washington, the Regents of WSU, WSU, and subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of, or connected with, participation in the above program and/or event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the program and/or event itself, and use of state equipment or facilities for the program and/or event whether on or off WSU property. I have carefully read this document, understand its contents, and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Participant's Full Name (Print): _____

Participant's Signature: _____ Date: _____

PHOTO RELEASE FORM

I hereby grant permission to Washington State University to use my photographic and/or video likeness taken during any WSU Extension Master Gardener event or anywhere I am representing WSU Extension Master Gardener Program as a Trainee, Intern, Certified Master Gardener, or other Volunteer, by any means and without limit for education, demonstration, and promotional purposes. I further understand any picture or video sequence may be used in WSU brochures, publications or websites.

Subject Signature

Date

Parent/Guardian Signature (if subject is a minor)

Date