



Why are you 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.*

**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 # \_\_\_\_\_

*WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local WSU Extension Office. Reasonable accommodations will be made for persons with disabilities and special needs who contact Tessa Halloran at 303 N 4th St, Shelton WA 98584, (360) 427-9670 ext. 682, tessa.halloran@wsu.edu at least three weeks prior to beginning work in the community garden.*

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

- \_\_\_\_\_ Attend the **mandatory** Orientation Session at the beginning of the season (participants will be notified of exact date and time once accepted). I understand that my garden bed may be forfeited if I do not attend. *Accommodations can be made if you notify [swansom360@gmail.com](mailto:swansom360@gmail.com) beforehand.*
- \_\_\_\_\_ Plant my garden bed by **May 31, 2024**. 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 regularly, weeding inside the bed and the area around the outside edges of my bed (2-foot perimeter).
- \_\_\_\_\_ 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 October 31, 2024 or notify Marie Swanson at [swansom360@gmail.com](mailto:swansom360@gmail.com) of my intention to overwinter crops. All participants who plant to overwinter must commit to the following year and pay the next year's bed fee.

### ***Optional:***

- \_\_\_\_\_ I would like to receive the Master Gardener email newsletter.
- \_\_\_\_\_ I would like to volunteer in the Catalyst Food Bank Garden as part of my community gardening experience.

## **REASONABLE ACCOMODATIONS:**

Reasonable accommodations will be made for persons with disabilities and special needs who contact Tessa Halloran at 303 N 4th St, Shelton WA 98584, (360) 427-9670 ext. 682, [tessa.halloran@wsu.edu](mailto:tessa.halloran@wsu.edu) at least three weeks prior to beginning work in the community garden.

***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: \_\_\_\_\_

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## **PAYMENT:**

***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)

- All beds are approximately 4'x8' (excluding the stock tanks and ADA).
- Automatic irrigation to all community garden beds is included in the 2024 growing season with *no water charges*. Learning about water conservation with more enjoyment!

### **In the spirit of the WSU Master Gardener Program slogan:**

*'Cultivating Plants, People, and Communities since 1973'*

**The Catalyst Park 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](mailto:swansom360@gmail.com).

## **PAYMENT INSTRUCTIONS:**

Payment may be in the form of cash or a check.

Make checks out to: Master Gardener Foundation of Mason County

## **GENERAL QUESTIONS?**

Please contact Tessa Halloran at [Tessa.Halloran@wsu.edu](mailto: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.***

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### **ASSUMPTION OF RISK**

I understand that there are risks in participating in volunteer 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, any 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.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature is required for those under 18; guardian signature is required for legally incapacitated persons, and for any minor for whom a guardian is appointed.

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WASHINGTON STATE UNIVERSITY  
**EXTENSION**

**Washington State University  
Photo Services Release**

I hereby consent and agree that Washington State University, its employees, or agents have the right to take photographs, digital images, or video/film of me (and/or my property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

I hereby release to Washington State University, its agents and employees all rights to exhibit this work publicly or privately, including posting to University web pages and to market and sell copies. I waive any rights, claims, or interests I may have to control the use of my identity of likeness in the photography, digital images, video, or film and agree that any uses described herein may be made without compensation.

Child's Name: \_\_\_\_\_  
(please print)

Parent/Guardian Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature is required for those under 18; guardian signature is required for legally incapacitated persons, and for any minor for whom a guardian is appointed.

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(Compiled by A. Harper, A. Brandt and S. Harkness 2013).