

# Oxford Community Garden Association (OCGA)

## 2021 Membership / Plot Registration Form

website: [www.oxfordcga.org/Home/membership](http://www.oxfordcga.org/Home/membership)

e-mail: [oxfordcga@gmail.com](mailto:oxfordcga@gmail.com)

Submit your completed form to the email address above and pay online at our website

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

\*Preferred method of contact regarding your plot (check one): phone: \_\_\_\_ email: \_\_\_\_

Email address(es): \_\_\_\_\_

Best phone (indicate home, work, or cell): \_\_\_\_\_

Sharing plot with: \_\_\_\_\_ Plot #: \_\_\_\_\_

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### Annual plot fee (includes \$10 membership fee):

\_\_\_\_ 16'x16': \$50 \_\_\_\_ 10'x16': \$45 \_\_\_\_ 4'x8': \$25 \_\_\_\_ child 3x3': free to members

**Membership only** (secondary plot holders & other OCGA participants): \_\_\_\_\_ \$10

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### Committee(s) I would like to help with:

Community Harvest \_\_\_\_\_ Education \_\_\_\_\_ Landscaping \_\_\_\_\_ Web \_\_\_\_\_

Garden Committee (help manage Garden - must have a plot) \_\_\_\_\_

Other ways I would like to help: \_\_\_\_\_

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### Please read the statements below and initial to indicate your agreement:

\_\_\_ I agree to maintain my plot *and* the surrounding pathways, keeping them free of weeds, pests, and rotting fruits/vegetables.

\_\_\_ I agree to actively garden my plot at least one season per year, and to keep it mulched and tended at other times of the year.

\_\_\_ I agree to contribute to the maintenance of the garden by participating in at least 3 work days per year. If I can't help with at least 3 work days, I will ask the garden manager how else to help.

\_\_\_ If I decide not to continue gardening, I agree to clean up my plot and leave it ready to garden for the next gardener.

\_\_\_ I agree to abide by the updated OCGA Rules and Regulations, which I have read carefully.

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I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless the Oxford Park Commission, the sponsors, supervisors, instructors, officials, and/or all of them. In case of personal injury or sickness during any activity or practice, I likewise waive all claims against the organizers, sponsors, any supervisors, or instructors appointed by them. If I am unable to be contacted the Oxford Park Commission has permission to obtain proper medical attention.

Print Name \_\_\_\_\_

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