

# Whitestown Parks & Recreation

Whitestown Parks and Recreation Department  
6210 S 700 E Whitestown, IN 46075 – Office (317) 732-4537 – Fax (317) 769-0906  
www.Whitestown.in.gov

## WHITESTOWN COMMUNITY GARDEN PLOT REQUEST FORM

This form is to be completed by Whitestown residents who would like to request a plot or plots within the Whitestown Community Garden.  
The form must be submitted to the Parks and Recreation Office.

### CONTACT INFORMATION

NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you interested in serving on the Volunteer Community Garden Committee: \_\_\_\_\_ YES \_\_\_\_\_ NO

### PLOT INFORMATION

Cost: \$25 fee a "non-refundable administrative fee" per plot per year 10x20 \_\_\_\_\_

# of Plots: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 Term: \_\_\_\_\_ 1 year \_\_\_\_\_ 3 Year

Organic Plot Preference: Yes: \_\_\_\_\_ No: \_\_\_\_\_

By Person(s): \_\_\_\_\_

By signing below, and in consideration of my use of the garden, the sufficiency of which I acknowledge, I agree that I have read and understand the Whitestown Community Garden Rules and Regulations and agree to abide by all of the garden rules, which may be amended from time to time in Whitestown's sole discretion. I understand and agree that neither the garden group nor Whitestown or any of its agencies, agents, representatives, officers, or employees (collectively, "Whitestown") are responsible for my actions or the actions or inactions of Whitestown or others in and around the garden. I agree to hold harmless Whitestown for any liability, damage, loss or claim that occurs in connection with my or my guests use of the garden or Whitestown's property, whether or not caused by me, Whitestown, or any other person or entity. I further warrant and agree that no action of any nature shall be filed, maintained, or litigated against Whitestown, resulting or arising out of my use of the garden, or the actions or inactions of Whitestown or others affecting my use of the garden. I further agree to indemnify and hold Whitestown harmless, including paying all costs and attorneys' fees, incurred by Whitestown as a result of any damage or claim of damage against Whitestown caused by me, or in any actions brought by or through me. I FURTHER UNDERSTAND THAT WHITESTOWN MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THE GARDEN OR THE PROPERTY OWNED BY WHITESTOWN. I AGREE THAT I ACCEPT THE GARDEN AND WHITESTOWN'S PROPERTY IN ITS "AS IS" CONDITION, AND I ASSUME THE RISK OF ANY DAMAGE TO PERSON OR PROPERTY ARISING IN ANY WAY FROM MY USE OF WHITESTOWN'S PROPERTY OR THE GARDEN.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PAYMENT INFORMATION

Form of Payment: \_\_\_\_\_ CASH \_\_\_\_\_ Check (Payable to Whitestown Parks Department) # \_\_\_\_\_

### FOR OFFICE USE ONLY:

Decision: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Plot(s) Assigned: \_\_\_\_\_ Staff Initials: \_\_\_\_\_