

## KEITH COMMUNITY GARDEN PLOT AGREEMENT 2015

Between: NHCHC Community Gardens Program  
North Hamilton Community Health Centre  
438 Hughson Street North,  
Hamilton, Ontario L8L 4N5  
(905) 523-6611 x3007

And: \_\_\_\_\_ (lead gardener's full name)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city)

\_\_\_\_\_ (postal code)

\_\_\_\_\_ (telephone number)

\_\_\_\_\_ (email address)

\_\_\_\_\_ (languages spoken)

\_\_\_\_\_ (# of people who live in your home)

**The undersigned recognizes the following responsibilities related to participating in the Community Garden Program and commits to sharing this information with other participating members of their household and guests:**

- Keep your plot and the pathways around your plot clear of weeds on a weekly basis.
- Maintain a fully organic garden plot, free from chemical fertilizers and pesticides. (You may NOT use: Miracle Gro, Super Phosphate, Roundup, Killex, Insect Dust, Bug Killer, etc).
- In the fall, either commit to registering for the next year, or clear your plot.
- Sign-up for a garden task and perform them as needed and/or when asked.
- Show respect for all community gardeners, visitors, volunteers and participants from other programs at the garden.
- Do not smoke in the garden.
- Leave pets at home.
- Harvest vegetables from your own plot and community plots only.

**FAILURE TO FULFILL THESE RESPONSIBILITIES WILL RESULT IN REMOVAL FROM THE COMMUNITY GARDEN PROGRAM.**

**ANY PHYSICAL, VERBAL OR AGGRESSIVE BEHAVIOUR DIRECTED AT ANOTHER GARDEN, WILL RESULT IN YOUR IMMEDIATE REMOVAL FROM THE GARDEN AND FORFITTING OF ANY CROPS FOR THAT SEASON.**



\_\_\_\_\_  
Signature of Lead Gardener

Turn page



**The undersigned recognizes and acknowledges the following risks associated with community gardening and has shared this information with other participating members of their household and guests:**

The undersigned recognizes and acknowledges that to participate in the garden plot program requires vigorous physical activity that involves risks of bodily injuries, both known and unknown. Further, the undersigned recognizes that there is a risk of bodily injuries caused by the willful or negligent acts of other participants in the garden plot program or by other persons lawfully or unlawfully upon the garden plot property. While the garden plot soil at Keith Community Garden (16 Douglas Ave.) has been obtained from reputable soil supply companies, it has not been tested for contaminants. Therefore, North Hamilton Community Health Centre does not guarantee that there are no contaminants present in or on the soil. Other participants could bring contaminants onto the garden plot lands. The undersigned therefore acknowledges that there may be a health risk caused by consuming crops grown on the garden plot.

The undersigned, for good and valuable consideration, the sufficiency of which is hereby acknowledged, hereby assumed each of the risks described above, and releases and discharges the North Hamilton Community Health Centre (N.H.C.H.C.), its officers, directors, servants, employees, and volunteers from any and all actions, causes of action, claims, demands, damages, costs, expenses, legal fees, compensation and all consequential or other damages no accrued or hereafter to accrue to or for the benefit of the undersigned on account of or in any way arising out of the participation by the undersigned in the garden plot program specifically including, without limitation, any personal injury or property damage incurred while at the garden plot or while participating in the garden plot program or activities.

**Please select at least one of the following below and perform the task as needed and when asked by a staff member.**

- Turning the compost pile (requires physical strength)
- Garbage & recycling
- Keeping the shed tidy
- Lawn mowing
- Grass trimming with the whipper snipper
- Tending the herb garden
- Tending community plots
- Weeding around the fence line (inside & out)
- Caring for the perennial beds
- Help organize garden events

I am comfortable with North Hamilton Community Health Centre Staff sharing my contact information with other gardeners.

YES

NO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lead Gardener



Thank you for completing this form, which provides the Health Centre with information in the event of an emergency and with statistics that are required by the Ministry of Health and Long-Term Care. This information provided by you enables us and our funders to deliver programs specific to the needs of the Health Centre's clients. Breakfast Club Coordinators and NHCHC Staff operate as a team to provide the best service possible, and providing us with this information will help us better meet your needs.

**ALL INFORMATION IS KEPT CONFIDENTIAL AND IS USED ONLY FOR HEALTH RELATED PURPOSES.**

Please list **ALL** people in your home who will be participating in the garden program.

<p><b>Gardener #1</b> - Name: _____          Birth date: _____          Gardener / Guardian's Signature: _____</p>	<p>Permission to use Photo / Video / Quotes: Yes No          Health Card Number: _____          Date: _____</p>
<p><b>Gardener #2</b> - Name: _____          Birth date: _____          Gardener / Guardian's Signature: _____</p>	<p>Permission to use Photo / Video / Quotes: Yes No          Health Card Number: _____          Date: _____</p>
<p><b>Gardener #3</b> - Name: _____          Birth date: _____          Gardener / Guardian's Signature: _____</p>	<p>Permission to use Photo / Video / Quotes: Yes No          Health Card Number: _____          Date: _____</p>
<p><b>Gardener #4</b> - Name: _____          Birth date: _____          Gardener / Guardian's Signature: _____</p>	<p>Permission to use Photo / Video / Quotes: Yes No          Health Card Number: _____          Date: _____</p>
<p><b>Gardener #5</b> - Name: _____          Birth date: _____          Gardener / Guardian's Signature: _____</p>	<p>Permission to use Photo / Video / Quotes: Yes No          Health Card Number: _____          Date: _____</p>
<p><b>Gardener #6</b> - Name: _____          Birth date: _____          Gardener / Guardian's Signature: _____</p>	<p>Permission to use Photo / Video / Quotes: Yes No          Health Card Number: _____          Date: _____</p>

## Permission to Use Photograph / Audio / Video / Quotes

I give permission for North Hamilton Community Health Centre to use my/my child's photograph and/or voice/video recording and/or to use stories and/or quotations that my child has offered for the following purpose(s):

- Reports
- Newsletters
- Publicity Materials (I.e., Flyers, Brochures, Community presentations etc.)
- Website (Internet)
- Grants
- Donor Thank-you Cards, and/or
- Media Articles