

Fort Gordon Community Garden Request Form and Wavier

Name: _____

Address: _____

Phone: (____) _____ - _____ Alt. Phone: *(Required)* (____) _____ - _____

Email: _____

Year Started: _____ Plot Sized Requested: _____

Patron Status: _____ *(Active Duty, Retiree, Dependent, DOD civilian, contractor, not military affiliated)*

(Each Person Must Sign Form) (You MUST inform the office if there is any changes to contact information)

I, the undersigned individual, have reviewed, understand, and agree to abide by the rules and regulations relative to the use of the Fort Gordon Community Garden and understand that use of the Community Garden may be denied, without refund, if rules and regulations are not followed.

I understand that gardening is a potentially hazardous activity and hereby agree to expressly assume and accept all risks associated with gardening and the use of the Fort Gordon Community Garden including, but not limited to, those caused by terrain, facilities, soil conditions, temperature, physical exertion, insect/rodent exposure, and the actions of other people.

I understand that my use of the Fort Gordon Community Garden is voluntary and to do so at my own risk. In consideration of being allowed to use the Fort Gordon Community Garden, I hereby agree on behalf of myself and my executor's, etc. to waive, and forever release Fort Gordon Directorate of Family, Moral, Recreation and Welfare (DFMWR) staff and authorized representatives, from any and all responsibilities or liabilities for injuries (including death), damages or loss including claims or cause of action, including those caused by negligent acts or omissions of any of those mentioned above, resulting from my use of the Fort Gordon Community Garden or any activities connected with the Garden.

Statement required by the Privacy Act of 1974

Authority: 10 U.S.C. 3012. Purpose: To provide sponsoring agency with locator information and emergency location data. Used to identify individuals participating in Outdoor Recreation sponsored events/programs and/or to provide locator information for minors participating in events/programs and as release in case of injury during participation. Mandatory or voluntary disclosure and effect of individual not providing information: Disclosure of the information is generally voluntary, however, if an individual refuses to provide information, it will result in denial to participate in the event/program.

____ By initialing I agree to keep the gate lock combination secure, I understand I am responsible to close and lock the gate as I leave. I am to report any emergency security/safety issues to 911 and any safety or equipment non-life threatening issues to the FGCG Coordinator at 706-791-9483 or kathleen.s.duncan4.naf@mail.mil

Print Name: _____ Paid: Cash Credit Card Check

Signature: _____ Receipt Number: _____

Date: _____ Total Amount Paid: _____



Plot #(s): _____ Last Name: _____
Date Assigned: _____
OFFICE USE ONLY