



Northeast Regional Health and Wellness Campus  
Community Garden – 2600 NE 63<sup>rd</sup> St

## OCCHD Community Garden MEMBERSHIP FORM

*Please PRINT clearly*

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

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Email: \_\_\_\_\_

**In order to be an OCCHD Community member you must abide by the following:**

- Live in Oklahoma City or Oklahoma County;
- Have an interest in sustainable agriculture;
- Enjoy participating in an approved volunteer activity.

**OCCHD Community Garden Activities:** (Your suggestions for future programs, trainings, events etc.)

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For any questions, please contact the OCCHD Community Garden Monitor:

**Dallas Payne**

[Dallas\\_Payne@occhd.org](mailto:Dallas_Payne@occhd.org)

405-425-4448

FIRST-COME, FIRST-SERVED BASIS



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# OCCHD Community Garden RENTAL FORM

*Please PRINT clearly*

(Please Check One)

New Gardener

Renewing Gardner

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

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

STREET

CITY

STATE

ZIP

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I hereby release to OCCHD and its partners any photographs and/or videos of myself or my family at the community gardens.

List others who will be working with you on your plot: \_\_\_\_\_

Garden Plot Preference (*please Check one*):  Standard Raised  ADA Approved (limited)

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Oklahoma City-County Health Department, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the Oklahoma City-County Health Department, without respect to location. THE UNDERSIGNED further expressly agrees that the forgoing form is intended to be as broad and inclusive as is permitted by the law of the State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS this form, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. THE UNDERSIGNED understands that this form represents the entire agreement and that you and your guests must read and understand the Community Garden Rules before participating in any activity in the OCCHD Community Garden.

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

FIRST-COME, FIRST-SERVED BASIS