



Town of Boscawen Community Garden
April 1st to October 31st, 2024 Season
Application for Garden Plot(s)

Print Name: _____

So that the Agricultural Commission can contact you, please provide email and phone(s), please indicate:

Cell: _____ Home: _____ Business: _____
Address: _____ Email: _____

Number of plots desired: _____ if you wish your plot to adjoin another gardener's please indicate who and send in your applications together _____

Are you a returning gardener? YES ☐ / NO ☐

If yes, do you wish to retain your previous plot(s)? YES ☐ / NO ☐

INDEMNIFICATION AND HOLD HARMLESS: In consideration of participating in the Town of Boscawen Community Garden, the undersigned agrees to protect, indemnify, save, defend and hold harmless the Town of Boscawen and the Town of Boscawen Agricultural Commission, including their officials, agents, representatives, volunteers and employees ("Indemnified Parties"), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified Parties may become obligated or suffer by reason of any accident, bodily injury, illness, emotional distress, psychiatric injury, personal injury, death of person, economic loss, or loss of or damage to property, arising indirectly or directly from, under, out of, in connection with, or as a result of the undersigned conducting garden related activity on, about or in relation to the Town of Boscawen Community Garden or any action or inaction of the undersigned, his/her representatives, agents, guests, visitors, employees, volunteers, or subcontractors and even if caused in part by any negligence or misconduct of Indemnified Parties.

Signature: _____ Date: _____

Please provide email and phone list permission: _____ (Initials) (**Optional**)

Herbicides (Weed Killers) are not to be applied by any plot holder: _____ (Initials)

I agree to attend at least one Integrated Pest Management (IPM) Class this year: _____ (Initials)

I agree to abide by the Community Garden composting rules: _____ (Initials)

The garden cannot function without volunteers. We encourage you to participate in general maintenance tasks.

I would like to volunteer for general maintenance tasks: YES ☐ / NO ☐

Single plots are 12’ x 12’ at a cost of \$15 for the 2024 season’s lease, or 4 plots for \$45 (if available).

Perimeter sites will be available for handicapped persons on a first come, first serve basis.

No pets or tobacco products are allowed anywhere on site. Children must be supervised and not allowed on other people’s plots, or in the Cemetery, Town Sheds, or Water Commission unattended.

I have read and agree to abide by the terms and conditions of the lease requirements, payment and plot agreements, all gardening rules and all gardening guidelines.

Confirmation of your plot location will be provided following the receipt of full payment and review to ensure the desired plot(s) are available.

Printed Name: _____

Signature: _____ Date: _____

SUBMIT COMPLETED APPLICATIONS & PAYMENTS PAYABLE TO TOWN OF BOSCAWEN
116 NORTH MAIN STREET. BOSCAWEN, NH 03303 ATTN: KARA GALLAGHER
(CASH OR CHECK ONLY)

For TOWN OFFICE STAFF Use Only:

Total Plot Fee Paid: _____ Cash: _____ Check #: _____

RECEIVED BY: _____

Number and location of plot(s) assigned: _____

A	B
D	C