



MIDDLETOWN TOWNSHIP COMMUNITY GARDEN

2025 Registration Form

Name _____

Address _____

E-mail Address _____

Phone Number _____

Most of the communication for the MCG will be done via email, please check email regularly.

Size	2025 Annual Fee	Qty	Amount
Full Plot (Approx. 8' x 16') <i>Middletown Residents Only</i>	\$60.00	_____	_____
Full Plot (Approx. 8' x 16') <i>Middletown Senior Citizen (65 or older)</i>	\$40.00	_____	_____
Total: _____			

Check, cash or money order can be made out to: *Middletown Township Community Garden*
Please mail registration, payment, and signed Release of All Claims to:

Township of Middletown DPW
Attn: MCG Membership 25
52 Kanes Lane
Middletown NJ, 07748

I have read and understand the Middletown Township Community Garden Responsibilities and Rules of Conduct and agree to the terms set forth. This form MUST be signed and returned to the Township of Middletown before you can work your plot.

Signature _____



MIDDLETOWN TOWNSHIP COMMUNITY GARDEN

2025 Release of All Claims

I, the undersigned, am a participant in the Middletown Township Community Garden (here forth referred to as the MCG). As a condition of being allowed to participate in the MCG, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the MCG and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity.
2. In consideration of being granted the opportunity to participate in the MCG, I, for myself, my executors, administrators, agents and assigns do hereby release and forever discharge the Township of Middletown, MCG Committee, MCG members, volunteers, and other gardeners from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur.

I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature _____

Printed Name _____ Date _____

Parent/Guardian's Signature _____

Printed Name _____ Date _____