



Community Garden Application & Contract:

Updated: March 7, 2024

Glenwood-Lynwood Public Library District | 19901 Stoney Island Ave. | Lynwood, IL 60411

Name: _____

Address: _____ City, State, & Zip Code: _____

Phone Number: _____

Email: _____

Raised & Elevated Beds are first come, first serve. 4x4 & ADA Elevated Beds: \$10 and 4x8 Bed: \$20

Requested Raised Bed Size: ___ 4x4 | ___ 4x8

ADA Compliant Elevated Wheelchair Accessible Bed: ___

The Glenwood-Lynwood Public Library District including its Board of Trustees, Library Staff, or the Lawn & Landscape Committee will **not** be responsible for any accidents, injuries, or damages, nor will any of these parties be responsible for any theft, damage to, loss of, or replacement of any belongings, equipment, materials, tools, or plantings. There is no security for any personal belongings. Failure to follow any garden rules and etiquette will result in loss of your gardening plot. Gardener (you) may seek to reestablish gardening privileges but is asked to stay out of the gardening area until the issue is resolved. The gardener will not be eligible for any refund or reimbursement for any seed, plantings, or other materials left at the gardening site. Please make sure that you have read and understand the **Fees & Rules**, and sign below indicating that you agree to the etiquette, rules, and conditions of the Glenwood-Lynwood Public Library District Community Garden.

Signature: _____ Date: _____ Agree to the Fees & Rules:

Hold Harmless Agreement:

I understand that neither the Lawn & Landscape Committee, the Glenwood-Lynwood Public Library, & its Staff, or the Library Board of Trustees are responsible for my actions. I THEREFORE AGREE TO HOLD HARMLESS THE LAWN & LANDSCAPE COMMITTEE, THE GLENWOOD-LYNWOOD PUBLIC LIBRARY, THE LIBRARY STAFF, AND THE LIBRARY BOARD TRUSTEES FOR ANY LIABILITY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION WITH THE USE OF THE GARDEN OR ANY OF MY GUESTS.

Signature: _____ Date: _____

Printed Name: _____

Bring this application to the **Glenwood-Lynwood Public Library District's Information Services Desk** at **19901 Stoney Island Ave., Lynwood, IL 60411** when completed. Filling out the application doesn't guarantee you a reserved garden bed unless there's one available & you pay the required fee.

LIBRARY USE ONLY:

Date Received: _____ Time: _____ Approved: Yes *or* No Bed Type: _____ Staff Initials: _____

Miscellaneous Info: _____