



Bonnyville Community Garden and Compost  
Membership Application

<b>Household Name:</b>		<b>First Name(s):</b>	
		<i>*Please star the primary contact person if more than one gardener</i>	
<b>Address:</b>			
<b>Phone #:</b>			
<b>E-mail:</b>			
<b>Number of Plots:</b> ____	<b>Annual Membership:</b>	<b>Total Fee:</b>	
\$10/plot/year	\$10/household/year		

**Membership and Plot Rental Fees:**

Fees are used to pay for tilling and other activities related to the development and maintenance of the gardens. Households may include up to four (4) adults and must designate one household member as the primary plot holder. Children (under 18) may garden in the plot of their parent/guardian and do not require a membership. Fees must be paid before work in the plot begins.

**Agreement:**

I have read, understood, and agree to abide by the terms and guidelines set by LICA – Environmental Stewards for the Bonnyville Community Garden and Compost. I am aware that my failure to meet the expectations set out in the BCGC Gardener Guidelines may result in my termination as a member of the community garden and the reassignment of my plot by LICA.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature of Garden Coordinator: \_\_\_\_\_

Fee Paid:        YES                    NO



Lakeland Industry and Community Association  
Box 8237, 5107W - 50 Street, Bonnyville, AB T9N 2J5  
780 812-2182 780 812-2186 www.lica.ca

## RELEASE OF LIABILITY

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY GARDEN ACTIVITIES.**

In consideration of being permitted to participate in the Bonnyville Community Garden and Compost, in the year 2025, and operated by Lakeland Industry & Community Association (LICA) (the releasee) of Box 8237, Bonnyville AB T9N 2J5, I, \_\_\_\_\_ (the releasor) of \_\_\_\_\_, WAIVE, RELEASE, and DISCHARGE the releasee, its owners, officers, directors, employees, members, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in death of the releasor, which has been or may be sustained in consequence of the releasor's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the releasee.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
Participant Signature Date Signed

X \_\_\_\_\_  
Parent/Guardian Signature Date Signed  
(If Volunteer is Under 18)



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## Bonnyville Community Garden and Compost GARDEN VOLUNTEER AGREEMENT

<b>Organization Name:</b>	<b>Name of Volunteer:</b>
<b>Phone #:</b>	<b>Email:</b>

### **Garden Agreement:**

As a member of the Bonnyville Community Garden and Compost, I have read, understood, and agree to abide by the terms and guidelines set by LICA – Environmental Stewards for the Bonnyville Community Garden and Compost. I am aware that my failure to meet the expectations set out in the BCGC Gardener Guidelines may result in my termination as a member of the community garden and the reassignment of my plot by LICA.

X \_\_\_\_\_  
Participant Signature Date Signed

X \_\_\_\_\_  
Parent/Guardian Signature Date Signed  
(If Volunteer is Under 18)