

# CITY OF HASTINGS

## ADOPT-A-GARDEN PROGRAM

Name of Individual/Group/Business \_\_\_\_\_

Representative of Group/Business \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home/Office) \_\_\_\_\_ (Mobil) \_\_\_\_\_

Email \_\_\_\_\_

Requested Adopt-A-Garden Location

Location of current garden if (applicable) \_\_\_\_\_

I understand that neither of City of Hastings nor the Adopt-A-Garden Committee is responsible for my actions. I therefore agree to hold harmless the City of Hastings and the Adopt-A-Garden Committee for any liability, damage, loss or claim that occurs in connection with my/our use of the garden or my/our participation in this program by me or any of my associates or guests.

I have read through the program materials and understand what is expected of me by volunteering to adopt a garden as outlined therein.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date