Des Plaines Park District
Administrative & Leisure Center
222 Birch Street • Des Plaines, IL 60018
Phone: 847-391-5700 Fax: 847-391-5707

For Office Use Only.
Cash ☐ Check ☐ Charge ☐
Resident ☐ Non-resident ☐

GARDEN PLOT REGISTRATION FORM

Head of Household
Last Name_____ *Head of Household*
First Name_____

Address_____ **City**_____ **Zip**_____

Home Phone ( )_____ **Business Phone ( )**_____

E-mail_____

Please note: you must read the waiver and sign below before your registration can be processed

GARDEN PLOT NUMBER	Participant's First Name	M/F	R/NR	Date of Birth	Amount Paid
☐		MALE☐ FEMALE☐	RESIDENT☐ NON-RES.☐		
☐		MALE☐ FEMALE☐	RESIDENT☐ NON-RES.☐		

PLEASE NOTE: We rent only two plots per household.

Total ☐

Credit Card Payment: ☐Visa ☐MasterCard ☐Discover **Exp. Date** ___/___

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐
CVV Number

Cardholder Name_____ **Authorized Signature**_____

Total Charge Amount_____ *The Park District reserves the right to change a payment fee to reflect the correct fee.*

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s).

I agree to waive and relinquish all claims I may have as a result of participating in the program(s) against the Des Plaines Park District and its officers, agents, servants, and employees.

I do hereby release and discharge the Des Plaines Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the program(s).

I further agree to indemnify and hold harmless and defend the Des Plaines Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I have read and fully understand the above Program Details and Waiver and Release of all Claims. I also understand and agree to all of the specific Garden Plot Rules & Regulations that have been provided to me.

Waiver MUST be signed by participant(s) or their legal guardian. Facsimile signatures will be considered as original by the District.

*Participant(s)*_____ _____
(Must be signed by a parent or guardian if participant is under 18 years of age) *Date (mm/dd/yy)*