CITY OF LAWNDALE
COMMUNITY SERVICES DEPARTMENT
14700 Burin Avenue, Lawndale CA 90260
Voice: (310) 973-3270 Fax: (310) 676-9471
www.lawndalecity.org

Dan McKenzie Community Gardens Application

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Telephone: **Home:** _____ **Cell Phone:** _____

Birth Date: _____

Email Address: _____

Do you have any gardening experience? (check only one) Yes ☐ No ☐

Are you interested in acquiring a second plot if available? Yes ☐ No ☐
Note: Only Lawndale residents are eligible for a second plot.

What method of communication do you prefer?
(check preferred method)

U.S. Mail ☐
Telephone ☐
Email ☐

I acknowledge that I have fully read and understand Council Policy 96-10.

_____ _____
Signature Date

Please return completed application and indemnification form by hand, via mail or fax to the Lawndale Community Services Department, Attn: McKenzie Gardens, 14700 Burin Avenue, Lawndale, CA 90260. Mailed application materials must be postmarked on or before the final date of the respective application period.

For Office Use Only

Payment Details:

Amount _____ Date: _____ Receipt Number: _____ Employee Initials ___

Plot Assignment Details:

Priority Registration Number: _____ Plot Number(s) Assigned: _____

Approved By: _____ Date: _____

City of Lawndale Indemnification for Use of City Facilities
Council Policy 78-04

INDEMNIFICATION

All applicants will be required to acknowledge by signature the following indemnification clause when completing an Application for Facility Use. An application without a signature from the applicant acknowledging the indemnification clause will not be considered complete.

I, _____ (FULL NAME), understand that my use of the Dan McKenzie Community Gardens (hereinafter "City Facility") exposes me to the risk of personal injury, death or property damage, as well as the risk of injury or damage to other people or property. I hereby acknowledge that I am voluntarily requesting to use this City Facility and agree to assume any such risks on behalf of myself and the Organization and any participants in said use.

I hereby release, discharge and agree not to sue City of Lawndale and its officers, agents, and/or employees against any claim for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and the Organization's use of the City Facility from whatever cause, including the active or passive negligence of City of Lawndale or any other participant in the use of the City Facility, other than an injury or damage arising out of the sole negligence or willful misconduct of City, its officers, agents, and/or employees.

In consideration for being permitted to use the City Facility, I hereby agree, for myself, my heirs and assigns and the Organization that I/the Organization shall indemnify and hold harmless City of Lawndale, its officers, agents, and/or employees from any and all claims, demands actions or suits arising out of or in connection with my/the Organization's use of the City Facility.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. IF THIS APPLICATION IS BEING SOUGHT ON BEHALF OF AN ORGANIZATION, I AM DULY AUTHORIZED TO SIGN THIS RELEASE ON BEHALF OF THE ORGANIZATION. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

_____ _____

Applicant's Printed Name Applicant's Signature

_____

Date