



# CITY OF LAWDALE 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