

# WELCOME TO HAB COMMUNITY GARDENS



## Garden Application

So you want to garden! Welcome! The HAB Garden Program plans on making 2018 a wonderful year to garden! Please fill out this form and submit it to Teddi at the Housing Authority office **by April 23, 2018**. She will get back to you with all the information you will need.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you (circle your preference):    Phone        Email        Other: \_\_\_\_\_

Number of plots desired: \_\_\_\_\_    Number of people in your household: \_\_\_\_\_

Will you need any special accommodations in the garden (i.e. wheelchair accessibility)?

Are you interested in taking on a leadership role for the gardens (circle one)?

Yes                      No                      Maybe: I would like more information about this.

What are you most looking forward to about gardening with HAB this year?

Please read the garden policies carefully and keep them for your records.  
**I HAVE READ AND AGREE TO ABIDE BY THE POLICIES OF THE  
HOUSING AUTHORITY OF BILLINGS COMMUNITY GARDENS.**

We welcome your questions, comments, and ideas. Feel free to contact Teddi at 237-1911

\_\_\_\_\_  
**(Printed name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

# Media Release

(Please print clearly)

I (full name)

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in regards to myself and my children (please print all first and last names)

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permit HOUSING AUTHORITY OF BILLINGS and their assigns, licenses, and legal representatives the irrevocable and perpetual right to use my name, picture, portrait, photograph, image, or statements in all forms and media in all manners publicly known and not yet to be known (internet, print, newsletters, brochures, social media, publications, etc.), including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this releases HOUSING AUTHORITY OF BILLINGS and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I agree to refrain from instituting, pressing, or in any way aiding any claim, demand, action or cause of action for current or future damages, costs, compensation, or fees against THE HOUSING AUTHORITY OF BILLINGS, including but not limited to privacy, publicity, defamation or any similar right. I am full legal age and I have read this release and am fully familiar with its contents. *(Please indicate below whether you agree to the previous statement and requirements by initialing)*. This media release is **valid for three years** after the date of signing.

\_\_\_\_\_ Do give permission and agree to the previous statement

\_\_\_\_\_ Do **NOT** give permission and do not agree

\_\_\_\_\_  
Name

\_\_\_\_\_  
Sign and Date

\_\_\_\_\_  
Address

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## **CONSENT FOR MINOR(S)**

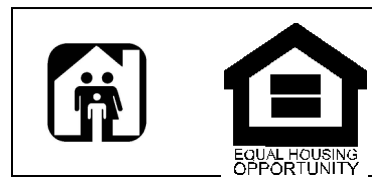
I am the parent or legal guardian of the minor named above and I have the legal authority to execute the above releases. I approve the foregoing and waive any rights in the premises. I further agree that (name of minor/s)

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\_\_\_\_\_ will not disaffirm or disavow said consent and permission on the ground that he/she was a minor on the date of execution thereof or on any similar grounds.

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Sign and Date



## Garden Policies—Your copy please keep

Welcome to the Garden Program of the Housing Authority of Billings (HAB)! Please read and abide by the following policies in order to participate in the HAB gardening program:

I agree to treat other gardeners, volunteers, and the staff with respect.

I will help to plant, weed, water, and maintain my plot(s). I understand that if I fail to do so in a timely manner, my plot(s) will be re-assigned.

I agree to refrain from growing tall crops in a location that will shade a neighbor's plot and impact their plants' growth.

I will keep my pets out of the garden plots.

I will NOT use inorganic pesticides or fertilizers in the plot. The our garden's are **organic only**. If I see a pest or growth problem in the garden, I will contact Teddi Shorten or the garden volunteers.

I will weigh the produce I harvest from the garden. Weigh-in instructions will be provided by Teddi.

**Communal plots:** I understand that if I abide by these garden policies, I can harvest produce from the in-ground communal garden plots. I agree not to take more than my share from the communal plots. I also agree not to interfere with the work of the volunteers who take primary care of the communal plots.

I know I have the option to participate in the following:

**Free gardening and cooking classes**

**Community garden events**

**Gardener – Mentor program**, in which I can be paired with an experienced gardener volunteer to gain extra help and/or advice with my plot (s).

I agree that neither the Housing Authority of Billings nor its employees are responsible for my actions and I shall hold harmless the Housing Authority of Billings and its employees any liability, damage, loss or claim that occurs in connection with the use of the garden by me or my guests.

I agree to notify Teddi Shorten if I must abandon my plot (s) for any reason.

Teddi Shorten—237-1911 or [teddis@billingsha.org](mailto:teddis@billingsha.org)

2415 1<sup>st</sup> Avenue North, Billings, MT 59101

# You will be informed of upcoming events!

## Let's Garden together!