

Sieda Community Action offers community garden plots for Ottumwans who may want to grow their own fruits, vegetables, and spices, but may lack the space or experience to try. Our community garden is located at 310 W. Main, and uses raised beds and square-foot gardening that make growing easy; no tilling, digging, or weeding necessary. The beds come in 4'x8', 4'x4', and 4'x2' sizes, and prices range from \$50 for the season to no charge at all. Please complete this form to reserve your bed today. Your space is not reserved until Sieda receives payment or income-based eligibility is determined.

Last Name *

Address *

City *

State *

Zip Code *

Phone *

Email Address

What size bed would you prefer? *

- 4'x8' \$50.00 for the season
- 4'x4' \$25.00 for the season
- 4'x2' \$12.50 for the season

Would you like to check your eligibility to participate at no cost for the space? *

- yes
- no

Other information or special requirements.



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Release of All Claims

I, _____, am a Participant in the Sieda Seeds of Hope Community Gardens. As a condition of being allowed to participate in the Sieda Seeds of Hope Community Gardens, I agree to the following:

1. I am duly aware of the risks and hazards that may arise through participation in the Community Gardens, and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have any questions about the Community Gardens, their nature, risks or hazards, I will contact the garden coordinator and discussed those questions with him or her to my satisfaction.
2. In consideration of being granted the opportunity to participate in the Community Gardens, I, for myself, my executors, administrators, agents and assigns do hereby release and forever discharge the Sieda Community Action, Sieda Seeds of Hope Community Gardens, Garden Coordinator, volunteers, other gardeners, and the cooperating landowner from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur.

I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature _____

Printed Name _____ Date _____

Parent/Guardian's Signature _____

Printed Name _____ Date _____



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Photo Model Release Form

I, _____ (please print) grant permission to the **Sieda Seeds of Hope program and Sieda Community Action** to reproduce the photographs taken of me, or members of my family for the purpose of publication, promotion, illustration, advertising or trade in any manner or medium. I further waive any rights to remuneration or compensation.

I acknowledge that I am:

___ Over the age of 18

___ The legal guardian of the following:

If legal guardian of model(s) please list name(s) below.

Signature: _____

Date: _____

Address: _____

Phone: _____