

## Inver Grove Heights Parks and Recreation Salem Hills Park Community Gardens



### **2019 RULES AND REGULATIONS**

#### **RULES**

These rules have been created to make this a positive experience for all involved. Your compliance with the rules will help everyone have an enjoyable and prosperous garden. This is a community garden—please respect your neighbors and other park users. Let's work with each other to assure the continued growth of the garden, the community and ourselves.

#### **PLANS FOR 2019**

1. Size of the plots will be approximately 10' x 15' in size.
2. There will be a fee of \$30 per plot. Payment can be in the form of a check payable to: **City of Inver Grove Heights** or we do accept Visa, Discover, MasterCard and American Express
3. Gardeners may begin planting on May 17, weather permitting. All gardens must be planted by June 3.
4. All non-organic materials (including tomato cages) must be cleaned out by October 21. Plots will be tilled over after that date.

#### **CITY OF INVER GROVE HEIGHTS RESPONSIBILITIES**

1. Gardens will be plowed, tilled, dragged, measured and staked out in the spring by the City.
2. City will till over the plots after October 21.
3. City will take registrations and payments for plots
4. City will provide access to water through a spigot.

#### **REGULATIONS**

##### General Rules

1. Previous year plot holders have first priority. If plots remain, they will be made available on a first-come, first-serve basis.
2. Plot holders may garden during park hours from 6 a.m.-10 p.m.
3. Plots are intended for personal use only. Gardening for commercial purposes is prohibited.
4. Pets are not allowed in the garden area.
5. Children in the garden area must be supervised at all times.
6. Please park in designated areas only. Parking is not permitted on trails or grass.
7. Plots are non-transferable. Fees are non-refundable.
8. Water source is available on site; you will be required to bring your own bucket.
9. Gardeners are responsible for planting, weeding, watering and harvesting your own plot. Gardeners are also required to maintain surrounding pathways.
10. Gardeners are responsible for bringing their own tools. Storage is not provided.
11. Generally visit your plot at least once a week.
12. If you decide not to use your plot, please contact us so it may be re-assigned. If there is no evidence of activity at your plot by June 3, it will be re-assigned. There will be no refunds on plot fees paid.
13. Stakes that mark your plot's corners and have your plot number and name must be left in place all season.
14. Pack your trash back home to dispose of properly. There will be some trash receptacles on site.
15. A rain barrel and compost bin will be available for your use.
16. Harvest produce from your designated plot only.

##### Planting Rules

1. Only seasonal (annual) plants may be planted. No perennials, shrubs or trees are allowed to be planted. No illegal or invasive plants are allowed.
2. No permanent fencing or other permanent structures are allowed.

See other side

3. Non-organic waste (cans, bottles and plastic containers) should be placed in the trash barrels provided..
4. Please keep your neighbors in mind. Keep tall plants such as corn or sunflowers at the center of your plot so they do not shade your neighbor's plants.
5. Insecticides or herbicides may not be used. Use of commercial chemical pesticides may not be used. Use of commercial chemical pesticides and fertilizers not certified organic for gardening is grounds for immediate forfeiture of your plot.
5. Bio-degradable mulch such as compost, leaves, straw and hay are encouraged.
6. Wood chips, carpet mulch, stone and sod are not allowed.
7. A walkway must be maintained by plot owner around each garden plot. Crops, plants, vines, vegetation and weeds must be contained within boundaries of your garden plot. Overlapping on to adjacent pathways or garden plots is prohibited.
8. All weeds and other debris must be removed before becoming a nuisance. Please place these items in designated areas.
9. Anyone not tending his/her plot may lose their garden privileges for the year.
10. ADA standards require a aisle between plots; these may not be planted over unless given approval by Recreation Coordinator.

\*\*Please Note: All rules are subject to change

### **INDEMNIFICATION AGREEMENT**

#### **Photographs of Participant:**

I understand that photographs of Participants may be used in City's promotional or other published materials. If Participant does not wish to be photographed or included in these materials, Participant must provide written notice of the same.

**Assumption of Risk:** By executing this form, you are acknowledging that the activity you are registering for may be dangerous and may involve certain risks, including but not limited to bodily injury, personal injury, sickness, disease, death and property loss or damage to yourself or others. By executing this form and participating in this activity, the Participant is assuming all such risks, known or unknown, anticipated or unanticipated.

**Required Waiver:** In consideration for being allowed to participate in the activity, Participant and/or Participant's parent, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City, its officers, officials, employees, insurers, agents, contractors, representatives and servants from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys' fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arise out of , or are in any way related to, participation in the above described activity or use of the City's facilities/property.

**REGISTRATION FORM:** Return to Parks & Recreation, 8055 Barbara Ave, IGH Mn 55077 or call 651-450-2585

Last name \_\_\_\_\_ First Name \_\_\_\_\_ 2018 Plot # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*E-mail address \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Cash  Check # \_\_\_\_\_  MasterCard  Visa  Discover  American Express

Name on card \_\_\_\_\_ Account Number \_\_\_\_\_

Expiration \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

**Participant Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:** Date/Time: \_\_\_\_\_ Payment Amount Received: \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

Received:  Mail  Phone  In Person