

APPLICATION & PERMIT FOR GARDEN PLOT RESERVATION

For Internal Use Only
Last Name: _____
Year: _____
Deposit #: _____

Applicant Name: _____

Applicant Address: _____ **State:** _____ **Zip:** _____

Daytime Phone #: () _____ **Alt./Cell:** () _____

Email: _____

Garden Fee - Resident
\$30

Required to be submitted with application:

- Completed Application
- Garden Fee – Check made payable to Independence Overlay Metro District

APPLICANT HAS RECEIVED, READ, AND AGREES TO ABIDE BY THE INDEPENDENCE OVERLAY METROPOLITAN DISTRICT COMMUNITY GARDEN POLICIES AND GUIDELINES (PROVIDED TO APPLICANT) _____(Initial)

INDEMNIFICATION/WAIVER OF LIABILITY: Applicant, its successors and assigns, assumes all liability and risk associated with use of District facilities and hereby releases and agrees to indemnify, defend, and holds harmless the Overlay Metropolitan District (the “District”), the District’s directors, staff, employees, consultants, licensees, invitees, agents, successors, and assigns from any and all injuries, loss, claims, liability, damages, and costs, including court costs and attorneys’ fees, arising in any way out of the use of District facilities, including the Community Gardens, by the Applicant, its guests, licensees, invitees, agents, contractors, subcontractors, employees, successors, and/or assigns.

Signature: _____ **Date:** _____

Signature implies legal responsibility for compliance with all the conditions as outlined by the District.

Please make the check out: Independence Overlay Metropolitan District
 Please mail the check to:
 Independence Overlay Metropolitan District
 C/O Public Alliance LLC
 7555 E Hampden Ave., Suite 501
 Denver, CO 80231

For Internal Use Only	
Rental Application, Rental Fee & Deposit Received Date: _____	Fee Pd. \$ _____ Check # _____
By: _____	
Special Instructions:	