

City of Pico Rivera Department of Parks & Recreation

2023- 2024 Plot Application

Last Name:	First N	ame:	
Address:			
City:	State:	Zip:	
Date of Birth:		Cell Phone:	
Home Phone:	Email:		
I have previous experience in (please che	eck anv of the	followina):	
Gardening		Canning	Freezing
Will you need help in starting your garder	า?	Yes	No
If yes, best time to contact you:			
Can you devote a minimum of five hours	per week to m	naintain your assigne	d plot?
Yes	No		
Can you keep your garden free of weeds			No
Will you be able to grow plants during all		Yes	No
If not, what seasons will you be planting? Spring	Summer	Fall	Winter
opg	_0411111101		
Add Harmless Agreement agree to waive and release the City of against any and all claims, cost liabilities, arising from my (or my child's) participated herefore, and hereby agree to indemnify and all such claims, whether caused by ectly from willful misconduct on the part of his wavier, I am freeing the City of Pico Fing from my (or my child) participation in familiar with the nature of the activities in personally read and understand this Release give my permission to the City of Pico Find	expenses or on in the City's and hold had negligence or of the City or it Rivera and its earlier this event or a which I (or nease.	judgments, including a recreation program rmless the City of Pi otherwise, except for semployees. I underemployees, officers of activity. I hereby repring child) will particip	attorney's fees and court cos or any illness or injury resultir co Rivera from and against ar or illness and injury resulting of restand and agree that by signir or agents from any liability resuresent that I understand and a late in this recreation program.
he programs for use in the city of Pico R such. Videos/Photos will be for the purpos	se of promoting	g various programs a	d will not seek compensation found services to the community.
Accented	Office Use	•	Plot
AcceptedDenie	#:		FIOL
Staff		 Date: _	Key#: