

Yorktown Park Community Garden 2017 Application Waiver

Waiver to the City of Edina

In consideration of your acceptance of me or my family in the Community Garden program, I hereby waive all claims against the City of Edina, its elected officials, employees and its agents, and I release the City of Edina, its elected officials, employees and its agents from all claims for all injuries suffered by me or my family incidental to, connected with, or arising out of our participation in the Community Garden activities for which my family or I am enrolled, including injuries suffered as the result of negligence by the City of Edina or its employees or agents, but not including injuries suffered as a result of their willful or intentional misconduct or gross negligence. I give my approval to my family's participation in the Community Garden program during the current season. I understand that the program for which I have enrolled or given my family permission to participate in, may be hazardous and that injuries may occur in the normal course of participation. I assume all risks and hazards incidental to my family or my participation, including transportation to and from the activities. I also understand and acknowledge that the City of Edina has no medical or health insurance covering me or my family members. I understand that Parks and Recreation Department staff or their representatives may photograph participants enrolled in programs, classes or events or enjoying park facilities. These photographs become the sole property of the city and are for Parks and Recreation Department publications, including future activities directories. I also understand that the information I have provided will be made available only to program staff, the City of Edina's insurer and attorney and volunteers connected with the program, for the purposes of administering the activity and providing parents and children with information regarding scheduling and scheduling changes.

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. The following data contained on this form will be considered private data pursuant to M.S. 13.548: the name, address, telephone number, any other data that identifies the individual, and any data that describes the health or medical condition of the individual, family relationships, and living arrangements of an individual or which are opinions as to the makeup or behavior of an individual. Additionally you credit card information is considered private data. We need this data to register you for a Community Garden plot, to contact you if necessary and to process the payment for your registration. Edina staff will have access to the data to process your payment and administer the Community Garden. You are not legally required to provide the data; however, refusing to supply the data may cause your registration to not be processed. Your signature here indicates you have read and understand this notice.

Participant Name: _____

Participant Signature: _____

Date: _____

CONTACT INFORMATION

Edina Parks & Recreation Department
4801 W. 50th St.
Edina, MN 55424
(P) 952-826-0367

OFFICE USE ONLY

Date Received: _____	Priority: _____	Date Entered: _____
Email Confirmation Sent: _____	Plot # Assigned: _____	
Notes: _____		