



Class Registration Intro to Gardening

This class is recommended and designed to give first-time gardeners and gardeners unfamiliar with Colorado's climate a basic introduction to gardening. Participants will learn the basics of gardening. Topics and materials will include: Planning, Starting Seeds, Soil Preparation, Transplanting, Pest Management, and Fertilizing. There will be discussion and practical hands-on activities. Come, join us and meet other new gardeners.

- ✚ Date: March 8th 2008
- ✚ Location: Growing Gardens Greenhouse, 1630 Hawthorn Ave
- ✚ Time: 1:00 – 3:00pm
- ✚ Cost: \$25 includes material fee

Thank you for participating with Growing Gardens! Please complete registration and mail to Growing Gardens 3198 Broadway Boulder, CO 80304 Attn: Julie. Thank you!

Name (first, last) _____ Date _____

Mailing address _____ City _____ State _____ Zip _____

Primary phone # _____ Secondary phone # _____ Email _____

Emergency contact _____

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Payment: Please make checks to Growing Gardens Limited funding is available for participants with financial constraints. We strive to make gardening affordable and available to everyone. To make these scholarships possible, we rely on and greatly appreciate your generosity.

Description	Registration Date	Check #	Donation for Scholarship	Total
Introduction to Gardening				

Participant Acknowledgment of Risk and Release

I, the undersigned, agree for myself or for my minor child/ward, to participate with Growing Gardens of Boulder County, and understand and agree to the following:

1. I will follow instructions pertaining to my assignment and perform my service to the best of my ability.
2. I acknowledge that there are dangers and risks which may be incurred as a result of my participating in activities connected or associated with participation and I knowingly assume all risk for any injury, death, damage or loss to my person including, but not limited to: falling down; tripping; bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts and/or scrapes; choking; allergies; heat stroke; heat exhaustion; sunburn; and/or other injuries; and/or any damage or loss sustained to my property.
3. In the event of any emergency, I authorize Growing Gardens of Boulder County staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered.
4. I waive and release any and all claims I may have as a result of my participation against Growing Gardens of Boulder County, its officers, agents, servants and/or employees.
5. I acknowledge that I act only as a participant and do not function as an employee, agent or representative of Growing Gardens of Boulder County.
6. I give permission for media coverage of myself and/or my minor child/ward to be disseminated for public relations purposes. **(CROSS OUT if you do not give this permission.)**
7. Please send me email updates on Growing Gardens projects and activities. **(CROSS OUT if you do not wish to receive email newsletters and/or updates.)**

By signing below I acknowledge that I understand and agree to this Participant Acknowledgment of Risk and Release. This Acknowledgment of Risk and Release shall not be modified orally. All signatures of a minor must be accompanied by the signature of a parent or guardian.

Name (printed)

Participant Signature

Signature of parent or guardian (if participant is a minor)

Date