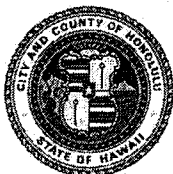


DEPARTMENT OF PARKS AND RECREATION
CITY AND COUNTY OF HONOLULU

HONOLULU BOTANICAL GARDENS
50 NORTH VINEYARD BOULEVARD
HONOLULU, HAWAII 96817

KIRK CALDWELL
MAYOR

MICHELE K. NEKOTA
DIRECTOR OF PARKS AND RECREATION



HONOLULU COMMUNITY RECREATIONAL GARDENS
PLOT APPLICATION

Name _____ Date _____

Address _____

City _____ Zip Code _____

Phone Number (Home) _____ (Work) _____

In case of emergency notify _____

Phone Number (Home) _____ (Work) _____

Family Physician _____ Phone Number _____

Physician Address _____

City _____ Zip Code _____

Community Garden Location _____

I hereby authorize the City and County of Honolulu, and any of its officers, agents, and employees to refer myself and all my family members, if injured or taken ill during the course of participating in the City's Community Recreational Garden program, to my family physician when deemed necessary by the City.

I agree on behalf of myself and on behalf of any of my family members participating in the City's Community Recreational Garden program, pursuant to a permit issued by the City, to be bound by and to abide by all the rules and regulations and procedures contained in the accompanying book, "Honolulu Community Gardens".

I, the undersigned, hereby agree on behalf of myself and on behalf of any of my family members participating in the City's Community Recreational Garden program, pursuant to a permit issued by the City, to all of the above, and to voluntarily release, remise and forever discharge the City, its elected and appointed officers, agents and employees, from and on account of any and all claims, actions, causes of action, liability, liabilities, costs, expenses and damages of any kind which I or any of my family members may have arising out of my or their participation in the City's Community Recreational Garden program.

Dated: Honolulu, Hawaii, _____

Signature _____

Application Number _____

Application Officer _____

Application Approved Yes _____ No _____

Plot Number Assigned _____

Assignment Begins (Date) _____

Assignment Ends (Date) _____