

# Plot Stewardship Agreement Form

I have read, understood, and agree to abide by the Feeding Laramie Valley Community Gardens guidelines.

Printed Name:

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Mailing Address:

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Email Address:

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Personal Phone:

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Work Phone:

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\*Please circle your preferred method of contact.

Signature:

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Date:

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THIS AGREEMENT IS FOR THE DESIGNATED PLOT STEWARD ONLY.

IN ADDITION, **SUBMIT A SIGNED FEEDING LARAMIE VALLEY COMMUNITY GARDEN LIABILITY WAIVER FOR EVERY PERSON WHO WILL WORK ON YOUR PLOT OR IN THE GARDENS.** CONTACT TAYLOR STEWART FOR MORE INFORMATION OR MORE COPIES OF THE LIABILITY WAIVER.