

City of Evanston Community Garden Lottery Registration

Be sure to sign this form.

Submit this form in person with proof of Evanston residency by valid driver's license or state ID by the March 6, 5:00 p.m. deadline at the Evanston Ecology Center. The Center is open Mon.-Fri., 8:30 a.m to 5:00 p.m. Call for 847-448-8256 for Sat. hours.



Name: _____

Address and ZIP: _____

Home Phone: _____

Email Address _____

Office staff

Applicant has provided proof of residency with a valid driver's license or state ID.

Staff initials: _____

LIABILITY WAIVER FOR PARTICIPANT

As a participant (or as a parent of a participant under 18 years of age), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with the program(s).


I hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the City, the Parks, Recreation and Community Services Department, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death, injury, or property damage that I sustain while participating in the Activity.

This release is intended to discharge in advance the City of Evanston, the Parks, Recreation and Community Services Department, its officers, employees, attorneys, and agents from any and all liability arising out of or connected in any way with my participation in the Activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further agree that this waiver, release and assumption of risk is binding upon my heirs and assigns.

I FURTHER AGREE that if any claim or suit is pursued by me or on my behalf as a

result of injuries from the Activity specified herein against the City of Evanston, the Parks, Recreation and Community Services Department, and its officers, employees, attorneys, and agents, I will Indemnify and Hold Harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

I FURTHER UNDERSTAND that City of Evanston staff and Evanston Community Media Center staff may photograph/videotape participants in City of Evanston programs for promotional purposes. If you (or family members) don't want to be photographed/videotaped, please call the Public Information Office at 847/448-8041. I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE CITY OF EVANSTON AND ME, AND I SIGN IT OF MY FREE WILL.

SIGNATURE _____ 

Name (please print) _____

Home phone number _____ Date: _____