

OCEAN VIEW FARMS, INC. PLOT ASSIGNMENT AGREEMENT

Start Date _____ Phase _____ Plot Number _____

Member's Name _____

Street Address _____

Apt. # _____

City _____ **Zip Code** _____

Mailing Address (if different) _____

City _____ **Zip Code** _____

Home Phone No. (____) _____ **Other Phone No.** (____) _____

E-mail Address _____

Occupation _____

Household members who will also be gardening with you _____

(* *Non-family members must sign waiver on back*)

I have received a copy of the *Ocean View Farms, Inc.* Rules and Regulations. I understand that my continued membership at *Ocean View Farms, Inc.* is contingent upon my compliance with these Rules and Regulations, as well as the annual completion of my community service obligation.

Signature _____ **Date** _____

FEES: Plot Rental: \$30.00/year first plot Amount of check \$ _____

\$40.00/year each additional plot

Insurance: \$ 6.00/year per member

Associate: \$ 6.00/year

Check Number _____

FUNDS DISTRIBUTION

Plot Rental \$ _____ **Keys** \$ _____ **Other** \$ _____

Insurance \$ _____ **Associate** \$ _____

Name of Phase Representative

Signature of Phase Representative

Date

(New member must sign Waiver on opposite side)

WAIVER

This is a letter of constructive information and understanding between *Ocean View Farms, Inc.*

and _____, I am informed that
(Please print your name here)

risks and hazards inherent to gardening are present on the grounds of *Ocean View Farms, Inc.* maintains no accident insurance on my behalf. In the event of injury to myself as a gardener, I have now or shall obtain at my own expense adequate insurance to cover my personal needs.

I am further informed that in matters concerning my garden plot at *Ocean View Farms*, claims made against me by others are my own responsibility and that I have or shall obtain coverage to protect myself should such a situation arise.

I agree to abide by all *Ocean View Farms, Inc.* by-laws and regulations.

The individuals who serve as officers and/or directors are unpaid volunteers who are not serving behind the corporate shield. I understand that persons in this capacity are no more or less responsible for acts of omission or commission than any other *Ocean View Farms, Inc.* member.

I understand that *Ocean View Farms, Inc.* by-laws provide for an arbitration process. In signing this, I agree that any dispute, controversy or claim regarding any *Ocean View Farms* matter shall be settled by arbitration in accordance with the arbitration process as provided for in the *Ocean View Farms, Inc.* by-laws. In signing this, I agree to give up the right to have any such dispute, controversy or claim decided in a court of law and agree that I will accept the arbitrator's award as final and binding.

I do have the right to have this letter explained to me before I affix my signature. In signing this, I am willing to accept any at-risk situation which has been outlined in this letter. I am willing to do this in exchange for the privilege of gardening at *Ocean View Farms*. In doing so, I am in no way under duress nor do I have any mental reservation.

Member's Signature _____ Date _____

Household Member's Signature _____ Date _____

Household Member Signature's _____ Date _____