

**OCEAN VIEW FARMS, INC. ASSOCIATE AGREEMENT**

Start Date \_\_\_\_\_ Phase \_\_\_\_\_ Member's Plot Number(s) \_\_\_\_\_

**Associate Member's  
Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Apt. #** \_\_\_\_\_

**City** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Home Phone No.** (\_\_\_\_) \_\_\_\_\_

**Other Phone No.** (\_\_\_\_) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Household Family Members** \_\_\_\_\_

(Name & Relationship)  
\_\_\_\_\_

I have received a copy of the *Ocean View Farms, Inc.* Rules and Regulations. I understand that my continued associate status at *Ocean View Farms, Inc.* is contingent upon my compliance with these Rules and Regulations..

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Member's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

By accepting the above associate to work with me in my plot(s), I will ensure that he or she follows all of the *Ocean View Farms, Inc.* Rules and Regulations. Furthermore, I understand, I can be held responsible for all actions and issues related to my associate as well as for the return of the access gate key upon his or her termination. Failure to do so may result in the termination of my membership at *Ocean View Farms, Inc.*

\_\_\_\_\_  
Name of Phase Representative

\_\_\_\_\_  
Signature of Phase Representative

\_\_\_\_\_  
Date

**(New associate and any family members must sign Waiver on opposite side)**

**ASSOCIATE WAIVER**

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

\_\_\_\_\_, I am informed that  
(Please print Head of Household name here)

risks and hazards inherent to gardening are present on the grounds of *Ocean View Farms*. *Ocean View Farms* 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 gardening activities 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* 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* member.

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.

Associate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Member Signature's \_\_\_\_\_ Date \_\_\_\_\_