

OCEAN VIEW FARMS, INC. ASSOCIATE AGREEMENT

Start Date _____ Phase _____ Member's Plot Number(s) _____

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Associate'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 that 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.*

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Name of Phase Representative

Signature of Phase Representative

Date

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



ASSOCIATE PARTICIPATION WAIVER

As a participant of the Ocean View Farms, Inc. (“OVF”) community garden, I understand that there are risks and hazards inherent to gardening present on the grounds of OVF. I acknowledge that OVF does not maintain accident insurance on my behalf. Therefore, I have or shall obtain, at my own expense, adequate insurance to cover my personal needs in the event of injury to myself while at OVF.

I understand that the individuals who serve as officers and/or directors are unpaid volunteers and 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 my participation in activities at OVF, as an associate to a member, or otherwise, does not give me any of the rights of membership. I understand that I will not be a member of OVF. As an associate my right to work in the garden or participate in garden activities is terminable at the discretion of the member I am assigned to, or the decision of the OVF Board Of Directors. I acknowledge that if the member who I’m assigned to as an associate is terminated, my associate status is also terminated. I further acknowledge that as a non-member I have no rights to seek arbitration at the OVF.

I understand that claims made against me by others are my own responsibility. I agree that any claim I purport to have against Ocean View Farms, its officers, directors, or members shall be submitted to binding arbitration. In signing this waiver, 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.

In consideration of being given permission to participate in OVF community gardening activities and use OVF facilities, and for other good and valuable consideration, the undersigned associate and his/her personal representatives, heirs, executors, administrators, agents and assigns collectively hereby agree to assume full responsibility for any and all damages, claims and liability for injury or death to the member or associate or their family members and for damage or injury to any property (including, without limitation, any loss or theft of any personal property or loss) which occur at OVF.

I further agree, on my own behalf and on behalf of any family members and/or guests to indemnify and hold harmless, release and forever discharge OVF, and each of its members and/or agents, from any and all damages, claims, liability and costs for or from injury or death to any person or injury to any property which may arise by reason of the use of OVF facilities and/or participation in the activities at OVF. whether arising out of my negligence or other acts or omissions of me or my family or guests.

Print name: _____ Signature: _____ Date: _____

Print name: _____ Signature: _____ Date: _____

Print name: _____ Signature: _____ Date: _____

(Each adult household member must sign)