

SENIOR GARDENING PROGRAM



CO-SPONSORS

WO Health Dept. WO Dept. of Special Services & Welfare WO Recreation Dept.

Special Assistance: The Rutgers Master Gardener Program

Thursday Afternoons - 1:00 PM

Registration Fee \$10. - Covers All Sessions

May 10, 17 June 7, 21 July 12, 26 Aug. 9, 23 Sept. 6, 20 Oct. 4

***** SCHEDULE SUBJECT TO CHANGE *** WEATHER HOTLINE: (973) 243-0521 *****

Complete & Return in Person to WO Dept. of Special Services & Welfare

Include Payment - \$10.

WO Rec **Consent & Waiver Form** Program: Senior Gardening Program 2018

Name: _____

Address: _____

Best Email Address: _____ Best Phone: _____

Emergency Contact – Name: _____ Best Phone #: _____

Consent & Waiver

I verify that I am in good health and able to participate in this program. I hereby release the West Orange Rec Dept., the West Orange Health Dept., the West Orange Senior Services Dept. and the Rutgers Master Gardener's Program including all their organizers, servants, officers, volunteers affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that I am solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that this program has a strict "No Refund" policy. Additionally, I grant all entities involved in the administration of this program my permission to use my name and photographic image for any and all promotional uses.

Participant's Signature: **X** _____ Date: ____/____/____

for office use only

Fee Paid: Cash: _____ Check #: _____ Money Order #: _____ Amount: \$10.

INFORMATION VERIFIED BY _____ DATE: ____/____/____