

# COMMUNITY GARDEN PROGRAM AGREEMENT

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## PARTICIPANT INFORMATION

FIRST AND LAST NAME		
ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL	PHONE NUMBER	
DATE OF BIRTH (mm/dd/yyyy)		

## ACKNOWLEDGEMENT OF AGREEMENT

PARTICIPANT SIGNATURE	DATE (mm/dd/yyyy)
<input type="checkbox"/> I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THE COMMUNITY GARDEN AGREEMENT AND PARTICIPANT EXPECTATIONS.	

Personal information provided on this form will be used to facilitate contact and administration of the Community Garden Program. This information is collected under the authority of Section 4(c) of the *Protection of Privacy Act* and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at [access@blackfalds.ca](mailto:access@blackfalds.ca) or by phone at 403.885.6370.