

Argonne Garden Club 2024 Membership Application



Name: _____

Building: _____ Division: _____ Lab Ext.: _____

Email: _____

Note: We will use your ANL/DOE email for notices unless you do not have one.

Membership dues: \$10.00/year

Please make checks payable to Argonne Garden Club. Form and payment can be submitted by interoffice mail to: Melissa Rose, bldg. 205 rm. C143

CLUB MEMBERSHIP AND ACTIVITY WAIVER

I, the undersigned, being over the age of eighteen (18) and of sound mind, do declare as follows:

1. That I wish to participate in gardening activities at the Argonne National Laboratory site, knowing that this involves physical activity.
2. I will only use my own hand tools for such activity, not tools that belong to Argonne and will participate on my own time, not work time.
3. I will not utilize any power tools or machinery, nor will I use pesticides or herbicides in my garden or in anyone else's garden.
4. That I am in good health and reasonably believe I would not be harmed by gardening activities.
5. That I will not make any claims to land ownership of a garden plot assigned to me and I will fully accept relocation or movement of my plot's boundaries as needed by the Club.
6. That in consideration for the Laboratory allowing me to garden on Argonne property, I hereby waive and release any and all rights and claims which may accrue to me or which I may have against UChicago Argonne, LLC, the DOE, the University of Chicago, or any of their employees, directors, or officers, for any and all injuries, losses or damages suffered by me during the course of or in any way connected with my gardening activity.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date