ABACOA COMMUNITY GARDEN
2026-2027 MEMBERSHIP AGREEMENT

Name:_____ **Address:** _____

Preferred Phone: _____ **E-mail:** _____

Membership Fees

◯ **$50 Individual or Household - 8/1/2026 thru 7/31/2027**

Mail signed agreement and check made payable to Abacoa POA

Abacoa Community Garden
c/o Abacoa POA, Inc.
1200 University Blvd. Suite 102
Jupiter, FL 33458

I am interested in getting on a waitlist for an: Individual Plot ☐ Table High Bed ☐ Either ☐

Please check one or more committees you'd like to assist. You will be contacted when help is needed. Time allotment is flexible.

- ☐ I will actively participate in caring for one of the community beds with other members (Bed Buddy)
- ☐ Trash Removal
- ☐ Planting Committee (i.e. seeding, weeding, transplanting, watering, etc.)
- ☐ Communication Editor (social media, promotional writing/articles)
- ☐ Maintenance and Irrigation

If this is a HOUSEHOLD MEMBERSHIP, please list other household members.

Name(s): _____ **Ages of Child(ren):** _____

_____ _____

I have read and agree to abide by the guidelines on Membership Agreement Page 2.

PRINT NAME **SIGN NAME** **DATE**

_____ _____ SIGN HERE _____

MEMBERSHIP GUIDELINES:

1. I will use this garden at the sole discretion of the Abacoa Community Garden (ACG) / Abacoa Property Owners' Assembly, Inc. I agree to abide by its policies and practices using Organic principles.
2. I authorize the ACG to use my personal information to communicate with me.
3. As a new member, I will attend a garden orientation.
4. I will participate in the overall care and maintenance of the ACG, which may include community bed maintenance, garbage removal, weeding, mulching or active participation on a committee.
5. Per the agreement with Renewal Church and the APOA, we are not allowed to work in the Garden on Sundays between 9 a.m. and noon while services are in session.
6. As a contributing member, I may harvest from the Community Beds, A 1-7 and B 1-3, with the understanding that the primary group harvest day is Saturday.
7. I will not pick produce from individual plots without permission. IP beds are B4 - B7, C1 - C7, D1 - D7, E1 - E2 and identified Private Table Top Beds.
8. I will not plant in any community plot, internal or external perimeter areas, or pathways without the approval of the planting committee coordinator, Liz Lawicki (LLawicki@ATT.net)
9. I understand that children 17 or younger must have a liability waiver signed by a legal guardian and children 13 or younger must have a responsible adult with them at all times.
10. I will not bring pets into the Garden.

LIABILITY WAIVER

I UNDERSTAND THAT THERE MAY BE RISKS ASSOCIATED WITH THE **ABACOA COMMUNITY GARDEN**.

By signing below, I hereby represent that I am familiar with and assume all risks in any way associated with my participation (or the participation of my minor child) in the above-referenced club/activity which has been organized, sponsored, or endorsed in any manner by Abacoa Property Owners' Assembly, Inc. (the "APOA"), and I hereby release the APOA and Renewal Church, their employees, licensees, members, agents, directors, officers, managers, and management company as well as any member of the garden (collectively the "RELEASEES") from any and all claims for damages for personal injury, death, or property damage of any kind which may hereafter accrue to me (or my minor child, if I have signed below for a minor) or any person, as a result of, or in any way related to, my (or said minor's child's) participation in, or presence at, the above-referenced activity at any time.

This release from liability also releases the RELEASEES from any liability or claims related to the use of photographs or videos, for publicity purposes related to the Abacoa clubs/activities, of the undersigned participant (and any minor child the undersigned is signing this document on behalf of).

This assumption of risks and release from liability shall be binding on my (and said minor's child's) heirs and assigns, and shall operate to bar all claims against the RELEASEES regardless of whether liability may arise out of negligence or carelessness of the RELEASEES.

PERPETUAL EFFECT OF THIS DOCUMENT:
I AGREE THAT THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AGREEMENT EXTENDS INTO THE FUTURE AND COVERS ANY AND ALL VISITS FOR WHICH THIS AGREEMENT APPLIES, AS WELL AS ANY RETURN OR REPEAT VISITS BY EITHER MYSELF OR MY MINOR CHILD.

I have read and agree to abide by the Liability Waiver.

DATE: _____

PRINT Participant Name	**SIGN** Participant Signature	**PRINT** Guardian Name	**SIGN** Guardian Signature
	SIGN HERE		SIGN HERE
	SIGN HERE		SIGN HERE
	SIGN HERE		SIGN HERE
	SIGN HERE		SIGN HERE
	SIGN HERE		SIGN HERE

ABACOA COMMUNITY GARDEN
2026-2027 INDIVIDUAL PLOT AGREEMENT

If you are interested in an Individual Plot, contact Sharleen Scarafia
scarafia1958@gmail.com for information and availability.

Name:_____ **Address:** _____

Preferred Phone: _____ **E-mail:** _____

You must be a current Abacoa Community Garden Member

IMPORTANT: Returning IP members should include payment with application.
NEW member IP bed requests - do NOT include payment. Plots will be assigned July/August.
Payment shall be due upon plot assignment.

Individual Plot Fees

◯ ***Extended (Full) Sized Plot: $90**
(*For Extended [Full] Size Renewal ONLY.
Not available to new members or for current Standard [Half] plot upgrade)

◯ **Standard (Half) Sized Plot: $45** ◯ **Table Top Bed: $35**

Mail signed agreement and check made payable to Abacoa POA

Abacoa Community Garden
c/o Abacoa POA, Inc.
1200 University Blvd. Suite 102
Jupiter, FL 33458

I have read and agree to abide by the guidelines on IP Membership Agreement Page 2.

PRINT NAME **SIGN NAME** **DATE**

_____ _____ SIGN HERE _____

INDIVIDUAL PLOT GUIDELINES:

1. Once assigned, I will be responsible for my individual plot as outlined below.
2. I will plant my plot no later than October 15th.
3. Trees and bushes are not allowed in IP beds. There shall also be NO invasive plants.
4. If I leave my plot in a neglectful state after a period of two weeks, the IP Coordinator will attempt to contact me for resolution. If I neglect my plot for a total of four weeks, I will forfeit the plot and renewal for the following year. I *will not receive a refund* of the Individual Plot or Membership Fees nor for any other expenses I have incurred.
5. If for any reason (health, vacation), I will be temporarily unable to maintain my plot, I will contact the IP Coordinator at scarafia1958@gmail.com. I may have non-members substitute as my gardeners providing they sign a Liability Waiver which I will submit to the APOA.
6. If I can no longer keep up my plot, I will immediately contact the IP Coordinator so that the plot may be reassigned. *No refunds of Individual Plot Membership Fees will be given.*
7. I will not expand my plot to encroach on any other plot or pathways. I will not plant anything within 6" of the irrigation valves, which are located on the interior at either end of my plot.
8. I will keep my plot and surrounding pathways weeded and will remove any dead plants.
9. I will remove bags of soil, fertilizer, watering cans, tools, etc. from my plot when I leave for the day.
10. I will use only organic fertilizers, herbicides or pesticides.
11. I will take home my trash. I will not throw weeds or plants over the fence.
12. If I want to frame my bed, at my own expense, I will not use treated or stained wood or scrap construction material or plastic fencing.
13. Structures such as trellises, should not exceed six feet in height. The structures must be safe and structurally sound. Scrap construction materials are prohibited.
14. Signage is to be limited to your individual plot and must be kept to PLANT identification and/or PLOT identification, which can include “Private Bed”, plot location, your name and "do not pick or harvest". Signage must be free of anything NOT PERTAINING TO THE GARDEN.
15. I agree in the event of a significant weather event (tropical storm warning, hurricane watch or warning), to dismantle and remove any trellis or loose items from my plot. If unable to storm prep my plot, I will notify the IP Coordinator ASAP. *No refunds will be made for any damages.*
16. My Individual Plot Membership cannot be transferred to another party.