CO-HARVEST COMMUNITY FOOD Grower

LAND USE AGREEMENT

**Please initial each statement:**

\_\_\_\_\_\_\_ As a Community Food Grower, I agree to view my “Micro-Farm” as a philanthropic endeavor.

\_\_\_\_\_\_\_ I agree to pay applicable membership fees. Co-Harvest Community Food Growers will be billed our lowest monthly fee of 50$ to maintain non-profit membership. Failure to pay will result in the termination of Non-Profit membership perks, including: monthly newsletters, maintenance/upkeep, in-kind donation receipts for produce donated, and dismemberment of all irrigation systems and efficient-growth technology.

 \_\_\_\_\_\_\_ I agree to have SD Co-Harvest staff come onto my property to construct a food garden (SDCH Micro-Farm). The contents and design of said garden will be mutually discussed and added by SDCH staff below (Appendix A)

\_\_\_\_\_\_\_ I agree to allow SDCH staff to come onto my property at previously discussed times to weed, harvest, and maintain my Micro-Farm. Times will be attached to (Appendix B)

\_\_\_\_\_\_\_ I agree to notify Co-Harvest Staff if I notice anything in disrepair or stolen from my Micro-Farm.

\_\_\_\_\_\_\_ I agree to pay my water bill.

\_\_\_\_\_\_\_ I agree that if I wish to harvest and work on my Farm/Garden I will discuss the benefits of our Grower Certification course with a Co-Harvest employee.

\_\_\_\_\_\_\_ I agree to not take more than the previously allowed amount of food (Appendix C) from my Micro-Farm as it is going to people who are food insecure.

\_\_\_\_\_\_\_\_ I understand that the installation of a vegetable garden can introduce tripping hazards throughout the yard. I accept liability for any injuries that may happen to myself or any house-guests near or on Co-Harvest equipment including but not limited to Raised beds, irrigation equipment, or trellising equipment.

\_\_\_\_\_\_\_ I agree to the rules and regulations provided to me by Co-Harvest staff (Appendix E)

\_\_\_\_\_\_\_ I agree to compost, or collect and give food scraps to SDCH staff. (Appendix D)

\_\_\_\_\_\_\_ ~~As a Co-Harvest Food Member I agree to enjoy and share the fresh food that is given to me through the Freshest-Food Delivery Program.~~ (Coming Soon!)

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I (Full name of Resident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and agree to the statements made above. I understand these terms and conditions and understand that failure to adhere to these statements will lead to revocation of Non-Profit Membership.

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Harvest Member Signature of Co-Harvest Employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix A: Micro-Farm Contents & Design

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Appendix B: Landscaping Availability (Please indicate what days and timeframes are good for Co-Harvest employees to come into your backyard/front yard space to harvest and maintain Micro-Farm)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix C: Percentage of Food Donated

50% minimum

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Appendix D: Compost Plans

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Appendix E: Food Safety Regulations

(See Food Safety Packet)

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