

## ASPI/ Grow Appalachia Participant Commitment 2014

This is a commitment between the Appalachia-Science in the Public Interest/Grow Appalachia project and \_\_\_\_\_ . This commitment will serve as a formal agreement between both parties.

### The Grow Appalachia Project agrees to:

1. Provide coordinator to work with participants.
2. Provide seeds, plants, soil amendments and, if necessary, hand tools and canning supplies for participants.
3. Provide technical advice during the growing season.
4. Provide tiller for participants use.
5. Visit garden site four times during the growing season.
6. Host or co-host seven gardening workshops.
7. Host four all participant meetings where participants can discuss the progress and direction of the project, and share tips and resources.

### The participant agrees to:

1. Schedule garden visits with the Project Coordinator four times during the growing season.
2. Provide garden reports to Project Coordinator each month on how the garden is growing.
3. Keep track of how much produce was harvested and how it was used (report template provided). These forms will be turned in each month.
4. Attend four of the seven gardening workshops hosted by ASPI.
5. Attend two of the four all participant meetings held.

I understand that I will not hold Appalachia-Science in the Public Interest responsible for any injury or property damage that occurs as a result of negligent actions by myself or family members. I hereby agree that I will not allow any person under the age of 18 to use the tiller or any other mechanized equipment owned by Appalachia-Science in the Public Interest and that all adults in the household will take a tiller safety training before using the equipment.

I grant permission to the hold Appalachia-Science in the Public Interest and Grow Appalachia project to take and use: photographs, digital images, and/or audio of \_\_\_me and/or \_\_\_ my garden for use in SVM files, grant reporting and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be property of Appalachia-Science in the Public Interest and shall be shared with me upon request.

I grant permission to the Appalachia-Science in the Public Interest and Grow Appalachia project to take and use: photographs, digital images, and/or audio of my minor child (or children) \_\_\_\_\_ for use in ASPI files, grant reporting and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be property of Appalachia-Science in the Public Interest and shall be shared with me upon request.

*I understand that I have an obligation to participate in the program in order to receive resources. If I do not complete my volunteer service or attend the workshops, I will not be able to take home supplies or tools.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date

Participant Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone Number: