

APPLICATION FORM
 REMEMBER ME ROSE GARDEN
 4743 SOUTH PLYMOUTH VIEW DRIVE
 TAYLORSVILLE, UTAH

APPLICANT NAME:	
APPLICANT ADDRESS:	
APPLICANT PHONE NUMBER:	
APPLICANT E-MAIL:	

NAME OF PERSON REMEMBERED:	
RELATIONSHIP TO APPLICANT:	

PURPOSE FOR BEING REMEMBERED IN THE GARDEN:

PLAQUE TEXT:

NAME OF PERSON REMEMBERED:	
DATE OF BIRTH:	
DATE OF DEATH:	
MEMORIAL TEXT: <small>(NO MORE THAN THREE LINES; APPROX. THIRTY CHARACTERS AND SPACES PER LINE).</small>	

FOR CITY USE ONLY:

TYPE OF ROSE SELECTED:	
FEE:	\$300.00
FEE PAYMENT DATE:	

APPROVED BY LARP COMMITTEE: YES NO
 APPROVED BY CITY OF TAYLORSVILLE: YES NO

ESTIMATED INSTALLATION DATE: _____

DISCLAIMER STATEMENT
REMEMBER ME ROSE GARDEN

I, _____, hereby understand and acknowledge that the purpose of the Remember Me Rose Garden (the “Garden”) is to create a place for quiet reflection and to create a living memorial to remember individuals who have contributed significantly to the quality of life in the Bennion and Taylorsville communities.

I hereby further understand and acknowledge that my purchase of a rose bush and plaque for the Garden located at 4743 South Plymouth View Drive in Taylorsville, Utah does not bestow on me any express or implied ownership of any kind in any real property or any structures related to the Garden or payment of the fee to acquire a rose and a plaque for the Garden.

I hereby further understand and acknowledge that the City of Taylorsville (the “City”) does not make any guarantees or warranties, express or implied, for allowing a living memorial to be located within the Garden. This includes, but is not limited to, care and maintenance of the Garden and/or individual memorials, replacement of the rose bush and/or plaque due to cause, and/or any other circumstances that would cause the Garden to cease to exist at the discretion of the City.

I hereby further understand, acknowledge, and agree to abide by the following conditions which are applicable to my purchase of a rose bush and plaque for the Garden:

1. The person to be remembered by the memorial must be deceased at the time I purchase a rose bush and plaque for the garden.
2. The memorial will consist of one (1) rose bush and one (1) plaque. The applicant will select a grandiflora, hybrid tea, or floribunda rose bush from an approved plant list. A City representative will then acquire the rose bush from a certified nursery; a City representative will also plant the rose bush in the Garden. The Applicant will have no other involvement other than selecting the type of rose bush. The plaque will be a natural finished aluminum plaque eight (8) inches wide by six (6) inches high with laser-etched text and a rod mounted to the ground. A City representative will also acquire and install the plaque in the Garden.
3. Access to the Garden may be limited at the sole discretion of the City of Taylorsville at any time for any reason or when circumstances may require limited access.

I further hereby understand, acknowledge, and agree to defend, indemnify, save and hold harmless the City, including its elected and appointed officials, committee members, employees, agents, and contractors, from and against any and all demands, liabilities, claims, damages, actions, or proceedings, in law or in equity, whether known or unknown, including reasonable attorneys’ fees and costs of suits, relating to or arising from the purchase, installation, or maintenance of the rose bush and plaque, or any other aspect of the Garden.

Applicant Printed Name: _____
Applicant Signature: _____
Date: _____