

# 2020 Carson City Community Garden Registration Form Updated with COVID-19 Additional Rules (5.11.20 Version)

University of Nevada Reno, Extension Office, 2621 Northgate Lane, Suite 15, Carson City, NV 89706  
\$20 cash or check made payable to Carson City Cooperative Extension

Welcome to the 19<sup>th</sup> year of the Community Garden in Carson City! Sponsors of this project include the University of Nevada Reno, Extension, Carson City Parks and Recreation Department, several local businesses and numerous volunteers. Consideration of others, following common updated rules and sharing community spirit (and fun!) will assure its long-term success.

(A) NAME: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL-Preferred: \_\_\_\_\_ E-MAIL-Second (optional): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\* SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* I have read, understand, and will abide by the Community Garden Rules as updated. Initials \_\_\_\_\_

## (B) GARDEN PARTNER

NAME: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL-Preferred: \_\_\_\_\_ E-MAIL-Second (optional): \_\_\_\_\_

\*\* SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* I have read, understand, and will abide by the Community Garden Rules as updated. Initials: \_\_\_\_\_

## (C) GARDEN PARTNER

NAME: \_\_\_\_\_

E-MAIL-Preferred: \_\_\_\_\_ E-MAIL-Second (optional): \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\*\* I have read, understand, and will abide by the Community Garden Rules as updated. Initials: \_\_\_\_\_

I understand that neither the garden group, Carson City Parks and Recreation, or University of Nevada Reno, Extension are responsible for my actions. *I hereby agree to hold harmless - University of Nevada Reno, Extension and its volunteers, Carson City Parks and Recreation Department and land owners – for any and all liability, damage, loss, claim, suit, cost and expense – directly or indirectly resulting from the use of the Carson City Community Garden by me, my Gardner Partner, or any of my guests.*

\*\* SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* I have read, understand and will abide by the Community Garden Rules as updated. Initials: \_\_\_\_\_



**Part B - Additional Community Garden Rules as per COVID-19 Circumstances (May 11, 2020 Version)**

COVID-19 has affected everyone in our community but most assuredly for those individuals considered members of vulnerable populations including older residents and those with underlying immunocompromising conditions. These issues are to be considered by all gardeners who choose to garden at the Carson City Community Garden this summer of 2020. By signing this document below, you are agreeing to garden safely and within Governor Sisolak's guidelines under the following additional requirements. In the event any rule or requirement in the Community Garden Rules conflicts with the requirements set forth in this document, the provisions of this document shall control.

1. I am aware of the risks related to COVID-19 and am signing this agreement voluntarily before gardening in the Carson City Community Garden.
2. I will adhere to physically distancing myself at least 6' from any other gardeners, except for those identified and signing as my partners on this gardening registration form.
3. I will wash and/or disinfect my hands before and after leaving the garden because any shared item may carry COVID-19 virus.
4. I will wear a mask when anyone, other than my designated garden partners, are in the garden.
5. I will follow the Odd-Even Day Gardening Schedule to ensure that gardeners are more than 10 feet apart when gardening. Bed 1 & 2 will garden *even* days to avoid conflict with the gardener working in bed 3. I will work in the garden on my assigned odd or even numbered day of the month. If I have an odd numbered bed, I will garden on odd days and if I have an even numbered bed, I will garden on even days of the month.
6. I understand that the number of gardeners that may be present in the garden is restricted to ten (10) or fewer gardeners at any one time. If there are already ten gardeners in the garden, I will need to return at a different time.
7. I will use my own gardening tools.
8. I understand I may use hoses, faucets, 2 plastic chairs, 1 bench, mailbox, pencil and front gate lock, and I am responsible for cleaning my hands after their use.
9. A bubbler will be attached to each hose for my use.
10. I understand the shed combination will be changed so that there will not be access to any shared tools this year.
11. Children will not be allowed to be present in the garden during the 2020 season as per current UNR Extension 4-H/Youth Development Rules.
12. I will become aware of and adhere to CDC guidelines (<https://www.cdc.gov/coronavirus>) that will be posted at the entry and on shed door. I understand that failure to adhere to CDC guidelines may be cause for exclusion from the garden.

---

BED NUMBER ASSIGNED: # \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
FEE PAID: Yes \_\_\_\_\_ No \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
PART B SIGNATURE \_\_\_\_\_ FALL CLEAN UP BY 10/30 Yes \_\_\_\_\_ No \_\_\_\_\_

Phase 1 COVID-19 Recovery  
**Daily Health Assessment**



University of Nevada, Reno

**Have you completed the [WebCampus General COVID-19 Training Course](#)?**  Yes  No

If the response to the question above is NO, then the individual cannot work on campus.

---

**Are you currently experiencing any COVID-19 symptoms that cannot be attributed to another health condition? These symptoms include:**

- Cough (excluding chronic cough due to known medical condition)
- Shortness of breath or difficulty breathing
- Two or more of the following symptoms:
  - Fever of 100.4 or greater
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste or smell

**Have you had contact with positive or suspect-positive COVID-19 individual(s) in past 14 days?**

**Have you been told to quarantine or self-isolate by a physician or government agent due to COVID-19?**

**Is the answer to any of the above questions "Yes?"**  Yes  No

If the response is "Yes," the employee **or volunteer** shall not report to work or **volunteer activity and** shall be sent home immediately and take appropriate leave.