



Public Health Education Program

Participation Agreement

“K’awaika Meh, Planting the seed greenhouse Garden Project”

The overall goal of this project is to provide greenhouses to POL community, POL residents members to promote growing minor produce that will contribute to healthy eating for themselves and their families. The overall focus of activities is based around the building of a Healthy Community.

This participation agreement sets out the requirements and responsibilities for participation and the relationship between the Pueblo of Laguna Public Health Education Program, community residents, tribal employee, detailing the responsibilities of the participant involved.

Agreement between:

Pueblo of Laguna, CHWD, Public Health Education Program

April O. Ruben, Project POC

7 Rio San Jose Rd., Laguna, NM., 87026

Phone: (505) 552-5742/5662

Participating POL Resident:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Participation Agreement terms/conditions:

1. Must reside within the POL reservation and have adequate space to set up and operate the green-house for the plant growing and cultivation. I am responsible for ensuring the set up or the greenhouse and securely grounding it on my property. Any repairs needed will be my responsibility for maintaining the green-house unit upon the date of receipt of the unit.
2. Complete weekly planting journal. Initial Journals provided by the HE programs; thereafter persons can journal on paper or electronically.
3. Provide bi-weekly pictures of garden progress. Initial disposable cameras provided by the HE programs



Public Health Education Program

4. To plant ONLY fruits, herbs and vegetables, **NO illegal substances**, if so, the individual will be reported to local law enforcement authorities.
5. Allow permission for the employees of the Pueblo of Laguna Public Health Education Program to record myself, family and child's/ward's likeness for use by television, film, radio or printed media to further the aims of those activities and programs in related campaigns, magazine articles, booklets, posters, and in any other ways they may see fit. I hereby release them from any and all claims.
6. Ceasing from actively growing or cultivating seeds in the greenhouse may be cause for my discontinuation from the program. I will notify the program if I determine to end my involvement.

I have reviewed the agreement and willingly agree to accept the specific terms spelled out above. Questions or concerns I have will be directed to the POL Health Education Program POC at the address above.

Signature: _____, Date _____

Staff Attest Initials: _____