

Name of Volunteer: \_\_\_\_\_ Leader: \_\_\_\_\_

**RELEASE OF LIABILITY BY A VOLUNTEER  
ENGAGED IN STEWARDSHIP ACTIVITIES AND USING HERBICIDES**

In consideration of my participation as a volunteer member of a work crew of The Nature Conservancy in Ohio (the "Conservancy") performing various stewardship activities including but not limited to herbicide application, invasive species removal, tree cutting, construction, trail maintenance, planting, seed collection, trash cleanups, and weed pulling, I state and agree as follows:

1. I am familiar with and understand the scope of stewardship activities for The Nature Conservancy. I understand my role during these stewardship activities, including the actions I am to take in the event stewardship activities deviate from the anticipated norm. I understand and accept the risk that is associated with the remote location and rugged nature of the areas in which the stewardship activities will be conducted.
2. I am familiar with and understand the proper techniques for applying herbicides in a safe and effective way. I understand that I will be applying glyphosate and/or Garlon 4 via squeeze bottle, backpack sprayer, towel of death, hand wicking and/or other method and I am aware of any health risks associated with the use of these chemicals. I agree to take proper precautions in using these chemicals to minimize the health risks to myself and others. Following application, I agree to store or dispose of any remaining chemicals in accordance with the directions of the Conservancy and any applicable laws and regulations.
3. I agree to follow the instructions of the Conservancy in connection with the application of the chemicals and use of any tools or equipment. I have been instructed in and understand the proper operation of the equipment I am to use. I understand that my participation in this activity may involve sustained strenuous physical activity and exposure to these chemicals. I am in good health and am aware of no physical problem or condition which would limit or interfere with my ability to participate as a member of the crew under either predicted or emergency conditions. I understand that this work may be conducted in remote areas and that medical attention may not be readily available.
4. I am aware that the use of these chemicals, tools and equipment can be dangerous. I agree that I am participating in this activity at my own risk, and acknowledge that the Conservancy has made no warranty or representation, express or implied, regarding the safety of this activity.
5. I understand that I am not an employee of the Conservancy and that I will receive no compensation or other employment-related benefits from the Conservancy.
6. I agree to waive and release the Conservancy and its officers, directors and employees from any and all claims, liabilities, losses, damage, costs and expenses resulting from any disease or injury to me or damage to my property arising out of my presence on the project site, my travel to and from the project site, and my participation in herbicide application and other stewardship activities. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability or other theory of recovery. I further agree to be responsible for any injuries or damage caused by my failure to follow Conservancy and manufacturer's instructions with respect to use and application of herbicide or my failure to follow other instructions or because of any inaccurate statements I have made in this release.
7. By signing below, I acknowledge that I have thoroughly read and understand this form, that the statements I have made in it are all true, and that I am at least 18 years of age.
8. This release shall be in full force and effect for all volunteer work I perform for the Conservancy at any of their preserves or other designated project site for one year from the date of this document.

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Signature of Volunteer

Date

**ACKNOWLEDGEMENT BY CONSERVANCY WORK LEADER**

By signing below I acknowledge that I have thoroughly reviewed this form with the volunteer named above.

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Signature of work leader

Date