

Preserve _____ County/State: _____

Date of Work: _____ Name of Work: _____

Leader: _____ Name of Volunteer: _____

RELEASE OF LIABILITY BY A VOLUNTEER USING HERBICIDES

In consideration of my participation as a volunteer herbicide applicator for The Nature Conservancy (the "Conservancy") at the above-described Preserve (the "Preserve") I state and agree as follows:

1. 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 _____ and / via _____ 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.

2. I agree to follow the instructions of the Conservancy in connection with the application of the chemicals. 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 in this activity. I understand that this work may be conducted in remote areas and that medical attention may not be readily available.

3. I am aware that the use of chemicals can be a dangerous activity. 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.

4. 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.

5. 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 injury to me or damage to my property arising out of my presence on the Preserve, my travel to and from the Preserve, and my participation in herbicide application 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 these chemicals or because of any inaccurate statements I have made in this release.

6. 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.

Date: _____

Signature of Volunteer

ACKNOWLEDGEMENT BY CONSERVANCY WORK LEADER

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

Date: _____

Signature of work leader