

**UNIVERSITY OF WISCONSIN SYSTEM  
UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION  
TO PARTICIPATE IN A VOLUNTEER WORK WITH THE COFRIN CENTER FOR  
BIODIVERSITY**

I, \_\_\_\_\_, desire to participate in various natural areas management activities sponsored by the University of Wisconsin-Green Bay, Cofrin Center for Biodiversity (“University”) and the University has approved my volunteer participation in work during the period of 09/01/16-8/31/17. The nature of the work includes but is not limited to the management of non-native plant species, trail maintenance, sign installation, and monitoring. Some of the activities will take place in outdoor locations, involve the use of herbicides and cutting utensils. The nature of the work carries with it risk of injury, including but not limited to cuts, scrapes, joint injury, and contamination caused by exposure to chemicals. With knowledge of the above stated facts, I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in volunteer service.
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the trip including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
- 3) I understand that health insurance is recommended for my participation in volunteer service. I understand that the University encourages me to have appropriate insurance coverage for the entire time of the study.
- 4) I agree to abide by and shall conform to all applicable policies, rules, regulations and standards of conduct as established by the University to ensure the best interest, comfort and welfare of volunteer service.
- 5) I understand that the University reserves the right to make changes to the terms of volunteer service at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
- 6) I agree for myself, my heirs and my personal representative, to hold harmless and forever release, discharge and hold harmless the University, Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) on account of damage to personal property, personal injury, or death which may result from or arise out of my participation in volunteer service and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 7) I acknowledge that I have read this document and understand and accept its terms.
- 8) I agree that this Release and Authorization to participate in a Field Study shall be construed in accordance with, and governed by, the laws of the State of Wisconsin. Any litigation regarding this Release and Authorization or arising out of my participation in the field trip shall be brought in a court of competent jurisdiction located in the State of Wisconsin.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If minor, Parent's or Guardian's signature

\_\_\_\_\_  
Date