

# Volunteer Waiver for Invasive Plant Removal Activities

A Simsbury Land Trust board member or the SLT Executive Director must approve the application of any applicant volunteering for the Simsbury Land Trust before the start of any work.

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone/email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical Contact Information: \_\_\_\_\_

If volunteer is under the age of 18:

Parent/Guardian Name & Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Cell/Telephone: \_\_\_\_\_

## Hold Harmless Agreement

In consideration of being allowed to participate in these activities I release, hold harmless, for myself and for my heirs, assigns, successors, executors, and legal representatives, agree that I will not sue the Simsbury Land Trust, or its agents, or employees, from or regarding any injury or loss to person or property, including wrongful death or emotional injury, that I may sustain while performing volunteer work for the Simsbury Land Trust, even if such injury or loss was caused by the negligence of the Simsbury Land Trust or its agents, or employees.

Removal of invasive plants may require the use of pruners, loppers, hand saws, hand pulling, and/or the use of mechanical weed wrenches. I understand that the use of eye protection and gloves is mandatory for invasive plant removal work and that tick protection is recommended. I understand that if I am injured while performing assigned work I will report it immediately, but as I am not an employee of the Simsbury Land Trust I have no right to claim a worker's compensation injury. Further, I will be responsible for any medical bills should I become injured. I also know that if I am given a task and I am not familiar with a piece of equipment, I will ask for training in its use, or that I can decline to use the piece of equipment. By my use of the tool, I state that I know how to use it safely and properly.

**By initialing the box on left I agree to using a Buckthorn Blaster applicator with either glyphosate or triclopyr herbicides, that I will follow application procedures, and that I will wear protective gloves and eye protection while doing so (*must be over 18 to use applicator*).**

## **Approval of SLT Board member/employee**

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Signature

## **Agreement of Volunteer**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

## **Agreement of Parent/ Guardian (*if volunteer under the age of 18*)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature