Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | |
|---|---|
| Lake | Summer Postal Address |
| White file | SAME AS BELOW |
| County | A second of the |
| Da 19195 | |
| Summer Day Telephone Number | Winter Address (if different) |
| 1-719-466-5831 | 12988 Frog Creek MINONG WI 54859 |
| Winter Telephone Number (if different) | MINONG WI 54859 |
| Andreas Controlling for Taking the Angree of the Controlling of the Co | the transfer of the second of |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | |
| E-mail Address WA | |
| Citizen Lake Monitoring Network Release of All Cla | ims |

The volunteer signing below understands and acknowledges that:

- 1. The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- 2. The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities.
- The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural
 occurrences.

Waiver

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a court of law arising in any way from the Volunteer's participation in the Program.

| Dan | | |
|--------------|--------|--|
| Signature | | |
| Do 19195 | Dehhis | |
| Name (please | print) | |
| • 11 | 16/9 | |
| Date | | |

Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | |
|---|--|
| Lake 1 1 10 Colo | Summer Postal Address |
| whitensn | PO BOX 263 |
| County | Gordon, Wit 5 48 38 |
| Summer Day Felephone Number | Minter Address (if different) |
| 715-376-4164 | |
| Winter Telephone Number (if different) | |
| | And the second of the second o |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | |
| E-mail Address NOTHWOMS Sadishma, I. net | |
| Citizen Lake Monitoring Network Release of All Clai | ms |

The volunteer signing below understands and acknowledges that:

- 1. The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- 2. The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities.
- 3. The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural occurrences.

Waive

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a pourt of law arising in any way from the Volunteer's participation in the Program.

Signature

Signature

Name (please print)

Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | |
|---|--|
| | Summer Postal Address |
| Whitefish | Hary E. Claire Lawler Rd, Gordon, WI, 54838 |
| County | |
| Summer Day Telephone Number | Winter Address (if different) |
| 376-2324 | |
| Winter Telephone Number (if different) | |
| 도로 구성하는 사람들이 있다. 그 사람들이 되었다. 그는 유명한 기를 가게 하고 있다. 그 사람들이 있는 <u>이 그는 것이다. 그 것이다. 그 것이</u> 다. | The state of the s |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | |
| E-mail Address Northwoods 1992 D yehoo coon | |
| Citizen Lake Monitoring Network Release of All Cla | ims |

The volunteer signing below understands and acknowledges that:

- 1. The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- 2. The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities.
- 3. The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural occurrences.

Waiver

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a court of law arising in any way from the Volunteer's participation in the Program.

Signature

Evan Meyer

Name (please print)

7 / 11 / 0 9

Date

Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | |
|--|--|
| Lake W hitefish | Summer Postal Address 1597 MUTPHY PKWY, ST. Paul Mn 65122 |
| County | 111 50122 |
| Douglas | |
| Summer Day Telephone Number | Winter Address (if different) |
| 651-454-3411 | |
| Winter Telephone Number (if different) | |
| | The Company of the State of the |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | |
| E-mail Address airsuftguy 747@ gomail. (om | |
| Citizen Lake Monitoring Network Release of All C | laims |

The volunteer signing below understands and acknowledges that:

- 1. The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- 2. The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities.
- The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural occurrences.

Waiver

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a court of law arising in any way from the Volunteer's participation in the Program.

| Matrona | · |
|---------------------|---------------|
| Signature | _ |
| Austin Paulson | (Sp. Poulson) |
| Name (please print) | |
| 7/11/09 | |
| Date | |

Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | 11 Da |
|--|--|
| Lake | Summer Postal Address) 42960 KAVANANGH KON |
| 3. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | CABIE WIS |
| BAYFIELD | Summer Postal Address) 42960 KAVANANGH RON — (CABLE, WIS. 54821 |
| Summer Day Telephone Number | Winter Address (if different) |
| 715.798.3218 | |
| Winter Telephone Number (if different) | |
| | The second of th |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | |
| E-mail Address PJG 40955 @ CHEQNET. NET | |
| Citizen Lake Monitoring Network Release of All C | |

The volunteer signing below understands and acknowledges that:

- The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- 2. The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities.
- 3. The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural occurrences.

Waive

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a court of law arising in any way from the Volunteer's participation in the Program.

Signature

PAUL J. GILBERT

Name (please print)

7-11 - 2009

Date

Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | |
|---|--|
| Lake Cable Lake | Summer Postal Address 42960 Kavanaugh Rd. Cable, WI 54821 |
| County Bay field | Cable, W1 |
| Summer Day Telephone Number | Winter Address (if different) |
| 715-798-3218 | |
| Winter Telephone Number (if different) | |
| | and the second of the second o |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | |
| E-mail Address | |
| Over the Mandarine Notwork Polesse of All Cla | ims |

The volunteer signing below understands and acknowledges that:

- The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities. 2.
- The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural 3. occurrences.

Waiver

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a court of law arising in any way from the Volunteer's participation in the Program.

New comer Name (please print) 7-11-09

Citizen Lake Monitoring Network Release of Claims

Form 3200-101 (1/07)

Notice: Information provided on this form is voluntary, and authority for use of it is under s. 23.11, Wis. Stats. Personally identifiable information, including such data as volunteer name, address, phone number, will be used for management of DNR programs. Wisconsin's Open Records laws, s. 19.32-19.39, Wis. Stats., require the Department to provide this information upon request.

| Lake and Volunteer Information | Summer Postal Address ST.Paul |
|--|--|
| Lake | Summer Postal Address |
| White fish | Summer Postal Address 3970 Ponegal way Engann |
| County | 55134 |
| Douglas | |
| Summer Day Telephone Number | Winter Address (if different) |
| 651-456-9740 | the contract of the contract o |
| Winter Telephone Number (if different) | |
| | |
| | And the second s |
| Lake Telephone Number (if different) | Lake Address for Equipment Delivery (if different) |
| | A CONTRACTOR OF THE STATE OF TH |
| | |
| E-mail Address | |
| Mike dodie a MSN. CON | |
| | |
| Citizen Lake Monitoring Network Release of All C | laims |

The volunteer signing below understands and acknowledges that:

- The Volunteer has agreed to sample a lake pursuant to the Citizen Lake Monitoring Network (hereinafter referred to as the "Program").
- 2. The Volunteer is not an employee or agent of the Department of Natural Resources while performing these activities.
- The Volunteer may encounter hazards from the presence of individuals using the body of water or from natural occurrences.

Waiver

I have read and fully understand this document. In consideration of being accepted as a Volunteer, I hereby waive any and all claims against the State of Wisconsin, the Department of Natural Resources, or any agent or employee of the State or Department acting lawfully and within the scope of his/her official duties during the course of my participation in the Program. This includes, but is not limited to, 1) claims by the Volunteer, his or her estate, executor, administrator, heirs and assigns for wrongful death, personal injury, or property damage arising during the course of sampling, or while traveling to and from sampling location(s), 2) claims for fines or other civil or criminal penalties or damages imposed upon the Volunteer by a court of law arising in any way from the Volunteer's participation in the Program.

| | | | |
|----------------|---------|-------------|-----|
| Signature | | • | |
| Keilan | 0'Brien | | · . |
| Name (please p | orint) | | |
| | | | _ |
| Date | | | |