

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 <u>CRANE</u>	Summer Postal Address <u>9188 DOEMEL LN PICKEREL WI 54465</u>
County <u>FOREST</u>	Winter Address (if different)
Summer Day Telephone Number <u>920-889-2111</u>	Lake Address for Equipment Delivery (if different)
Winter Telephone Number (if different)	
Lake Telephone Number (if different)	
E-mail Address <u>rosenmrk@gmail.com</u>	

Citizen Lake Monitoring Network Release of All Claims

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.

Mark K. Starich Sr.
Signature

MARK K. STARICH SR.
Name (please print)

5-17-17
Date