



MICHIGAN LAKE & STREAM ASSOCIATIONS, INC.

8511 KOKOSING RD, PO BOX 303, LONG LAKE, MI 48743

Phone 989-257-3583 Fax 989-257-2073

Email info@mlswa.org Website www.mlswa.org

ML&SA Volunteer Web site mi-water-cmp.org

CLMP WAIVER FORM

A waiver must be filled out and submitted to ML&SA before CLMP testing begins

- INSTRUCTIONS for completing the 2009 WAIVER form

All individuals participating in 2009 CLMP monitoring projects need to provide the requested information, sign and date the 2009 Waiver form. The 2009 Waiver form does not need to be completed and returned with the APPLICATION form. It may take some time to lineup all the necessary samplers and acquire their signatures. Since many CLMP monitoring projects have limited enrollment you do not want to wait to submit your APPLICATION form and fees to secure your lake's place in the monitoring projects. However, the 2009 Waiver form must be completed and returned to ML&SA before sampling begins.

The first box on the 2009 Waiver form is for your monitoring coordinator. With over two hundred lakes, and possibly as many as 400 to 500 samplers involved in the CLMP each year, it is not possible for ML&SA to communicate with each sampler. Therefore each lake association and corporation is asked to assign one volunteer sampler as coordinator. This individual will be ML&SA and the MiCorps (MDEQ)'s primary contact at your lake. When necessary this person will be responsible for providing local information to ML&SA and MiCorps (MDEQ), scheduling side-by-side sampling with the MiCorps (MDEQ), receiving sampling materials, assuring that volunteer samplers have received the necessary training and distributing written information.

If more spaces for volunteer sampler information and signatures are needed than provided by the form, please duplicate the form and submit both. The completed waiver - 2009 form(s) should be submitted to ML&SA, PO Box 303, Long Lake, MI 48743.

COOPERATIVE LAKES MONITORING PROGRAM

WAIVER --- 2009

RELEASE OF ALL CLAIMS

The person signing below, hereinafter referred to as Volunteer Sampler, hereby understands and acknowledges that:

- 1. The Volunteer Sampler has agreed to sample a body of water as designated by Michigan Lake and Stream Associations (hereinafter ML&SA) pursuant to the Cooperative Lakes Monitoring Program (hereinafter "Program").
2. The Volunteer Sampler is not an employee or agent of the Michigan Lake and Stream Associations nor of the State of Michigan while performing these activities.
3. The Volunteer Sampler understands and assumes that he/she may encounter hazards from the presence of individuals using the body of water or from natural occurrences.

I, the below named person, having read and fully understanding this document, and in consideration of being accepted as a Volunteer Sampler, do hereby waive any and all claims against Michigan Lake and Stream Associations and/or the Department of Environmental Quality, State of Michigan, or any agent or employee of Michigan Lake and Stream Associations and or the Department of Environmental Quality State of Michigan, acting lawfully and within the scope of his/her official duties arising during the course of my participation in the program. This includes but is not limited to, (1) claims by Volunteer Sampler, his 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 locations(s), and (2) claims for fines or other civil or criminal penalties or damages imposed upon Volunteer Sampler by a court of law arising in any way from Volunteer Sampler participation in the program.

Please print the following information: Volunteer Sampler - LEAD COORDINATOR
Lake name _____ Asn # _____
County(s) _____
Coordinator Name _____
Phone (____) _____ Email _____
Summer Address (Street, PO Box) _____ (State, Zip) _____
Winter Address (Street, PO Box) _____ (State, Zip) _____

Please print the following information: Volunteer Sampler _____

This Volunteer Sampler is involved with which CLMP sampling project(s) _____

Name _____ Phone () _____

Address (Street, PO Box) (City) (State, Zip)

(Signature) (Date)

Please print the following information: Volunteer Sampler _____

This Volunteer Sampler is involved with which CLMP sampling project(s) _____

Name _____ Phone () _____

Address (Street, PO Box) (City) (State, Zip)

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(Signature) (Date)