



Volunteer Agreement
Georgia Department of Natural Resources
and Save Georgia's Hemlocks, Inc.



HWA Treatment Project at \_\_\_\_\_

In consideration of receiving permission from the Georgia Department of Natural Resources ("Georgia DNR") and Save Georgia's Hemlocks, Inc. ("SGH") for my participation in the above named HWA Treatment Project ("the Project"), I hereby enter into this Volunteer Agreement with the above-named parties and agree to abide by the following terms.

- 1. Assumption of Risk and Covenant Not to Sue. I understand that the Project involves the use and application of pesticides and other chemicals intended to treat HWA infestation...
2. Indemnity. I agree to hold harmless, indemnify, and defend the State of Georgia; the Georgia DNR, its officers, employees, agents, volunteers, and sponsors; the State Tort Claims Trust Fund; and SGH, its officers, employees, agents, volunteers, and sponsors, to the fullest extent permitted by law...
3. Fitness to Participate. I understand that the Project may involve strenuous physical activity and that such activity will require me to be in good health in order to undertake safely. I hereby certify that I am in sufficiently good health and have no physical limitations which would prevent me from participating safely in the Project.
4. On-Site Instruction. I understand that the Project sponsors, leaders, or other volunteers may provide me with further instructions both for my personal safety and for the successful completion of the Project. I agree to abide by any such instructions, and I further agree that my participation in the Project may be terminated should I fail to follow such instructions.
5. Medical Emergency. In the event of a medical emergency during the Project, the Project sponsors, leaders, or other volunteers have my permission to obtain medical treatment for me from the nearest hospital, medical facility, or medical personnel, at my expense, and I hereby covenant not to sue or make any claim whatsoever against Georgia DNR, SGH, or any person acting on their behalf for any injury or harm suffered by me that might arise from any first-aid treatment or other medical services rendered in connection with the Project.
6. Use of Likeness. I hereby grant to the Georgia DNR and SGH all rights, title, and interest in any and all photographs, images, and video or audio recordings of me, my likeness, or my voice made by them during my participation in the Project, including without limitation, any royalties, proceeds, or other benefits derived from such images or recordings.
7. Covid Disclaimer. I am aware that my participation in this project may expose me to Covid 19, and I agree that I am voluntarily assuming this risk.

I have carefully read the entire Agreement and intend to be bound by its terms. I understand this form must be signed, completed, and returned to the Project sponsors or leaders prior to my participation.

Form fields for participant information: PARTICIPANT NAME (Print), Today's Date, Participant Date of Birth, Participant Signature, Participant Phone No., Physical Home Address, City, State & Zip, Participant Email Address, Emergency Contact Name, Contact Phone No., R/T Travel Time, Hrs. Worked

**Volunteer Agreement**  
**Georgia Department of Natural Resources and Save Georgia's Hemlocks, Inc.**  
**HWA Treatment Project at \_\_\_\_\_**

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