

One-Day Volunteer (Adult) Agreement

Each Volunteer must sign this agreement before volunteering for Ohio State Parks, Watercraft and Preserves. *Volunteers, aged 17 and younger, must complete a separate form.*

WHEREAS, in consideration of the mutual benefits to be obtained, Ohio State Parks, Watercraft and Preserves and the **Volunteer** do hereby mutually agree: **Volunteer** duties may involve activities which are inherently dangerous, including those conducted within close proximity to water, and the **Volunteer** expressly agrees to assume all risks of accident, injury, or death and release and forever discharge the Ohio Department of Natural Resources and its employees,

officers, and agents from any and all liability for personal injury, death, or property damage of any kind sustained in association with participation by the **Volunteer** in volunteer activities, whether such personal injury, death, or property damage is caused by negligence of the Ohio Department of Natural Resources, or its employees, officers, agents, or otherwise.

Pursuant to ORC 1501.23, under Section 9.83 (Motor Vehicle Liability), 9.87 (Indemnification Liability), and pursuant to ORC 4112 (Civil Rights) and ORC 4123 (Worker's Compensation), the **Volunteer** shall be considered as an employee of the State of Ohio. The **Volunteer** shall not be considered as a state employee, as a result of this Agreement, under ORC 124 (Administrative Services) and is not eligible for benefits under Section 4141.01-4141.46 of the Ohio Revised Code.

Volunteer may, at volunteer's own risk and expense, use machinery and equipment not owned by the Ohio Department of Natural Resources to carry out functions under this agreement. In such event, the Department shall have no obligation to provide fuel, maintenance, repair or replacement for such machinery or equipment. Obligations of the State are subject to the provision of Section 126.07 of the Revised Code.

Name:	Signature:	
Address:		
City:	State: Zip:	
Daytime Phone: ()	E-mail:	Date:
Name:	Signature:	
Address:		
City:	State: Zip:	
Daytime Phone: ()	E-mail:	Date:
Name:	Signature:	
Address:		
	State: Zip:	
Daytime Phone: ()	E-mail:	Date:
Name:	Signature:	
Address:		
	State: Zip:	
Daytime Phone: ()	E-mail:	Date:

Rev. 03/2017