

**AGREEMENT TO PARTICIPATE**

I, \_\_\_\_\_ agree to participate in the Ohio Department of Natural Resources, Division of Watercraft's Scenic Rivers Invasive Species Removal Program. I understand that this program, like any program involving outdoor land management, is inherently dangerous because of the use of hand tools, possible exposure to herbicides, proximity to water and exposure to the natural environment and elements.

I agree to abide by the rules and regulations as set forth by the Ohio Department of Natural Resources, Division of Watercraft's Scenic Rivers Program and agree to obey the supervisor(s) and/or instructors of the program.

I certify that I am in reasonably good health and that I am able to participate in this activity without adversely affecting any health problems. I will also notify the instructions of any condition which may affect my participation and of any medication which I am currently taking.

\_\_\_\_\_  
Signature/Legal Guardian                      Date  
(Must be signed for participants under the age of 18)

Emergency Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_ Check here if you are a weak swimmer or a non-swimmer

\_\_\_\_\_ Check here if you are on medication or have health problems which may affect participation (please list medication and/or health problems below)