

**RELEASE OF LIABILITY FOR VOLUNTEER WILDLAND FIREFIGHTER**

**Preserve(s) or Site(s):** \_\_\_\_\_

**Preserve Owner(s) or Landowner(s):** \_\_\_\_\_

**City/Town and County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Burn Period (not to exceed a 12-month period):** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_

**Name of Burn Leader or Incident Commander:** \_\_\_\_\_

**Incident Type (circle one):**                      Prescribed Fire                      Wildfire

In consideration of receiving permission from The Nature Conservancy (the "Conservancy") to participate as a volunteer wildland firefighter as part of a fire crew conducting prescribed burns or wildfire suppression (together referred to as "wildland fire operations") at the above-described Preserve(s) or Site(s) during the Burn Period stated above, I state and agree as follows:

1. I will not participate in any wildland fire operation unless and until I am familiar with and understand the objectives, strategies and tactics for the operational period, and I understand my role during the wildland fire incident, including the actions I am to take in the event that the fire escapes control or otherwise deviates from the expected fire behavior.

2. I agree to follow the instructions of the incident commander or burn leader, and any supervisory personnel within my chain of command, prior to, during and after each wildland fire operation. I have been instructed in and understand the use of the equipment that I am to use. I understand that my participation in wildland fire operations may involve sustained, strenuous, physical activity. I am in good health and I am aware of no physical problem or condition which will limit or interfere with my ability to participate as a member of a fire crew under either predicted or emergency conditions. I also understand that medical attention may not be readily available.

3. I am aware of and have completed the necessary training and additional requirements, including annual fireline safety refresher course and annual physical fitness test, to maintain my status as a volunteer firefighter (minimum Type II Firefighter) under the Requirements and Guidelines set forth by the Conservancy in compliance with the standards set by the National Wildfire Coordinating Group.

4. I am aware that even when carried out in the context of a planned operation, the management of wildland fire can be a dangerous activity. I agree that I am participating in these wildland fire operations at my own risk, and acknowledge that the Conservancy has made no warranty or representation, express or implied, regarding the safety of conducting wildland fire operations.

5. On behalf of myself, my heirs, personal representatives and assigns, I hereby forever agree to release the Conservancy, its officers, directors, employees, and agents [and the Preserve Owner, its officers, directors, employees, and agents] [and the Landowner their heirs, executors and assigns] from any and all claims, liabilities, losses, damage, costs and expenses resulting from any injury to me or damage to my property arising out of my presence on the Preserve, travel to or from the Preserve, or my participation in this prescribed burn and to waive any rights I may have in connection with the foregoing. I intend this waiver and release to be effective, regardless of whether the claim of liability is asserted in

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negligence, strict liability or other theory of recovery. For myself, my heirs, estate, and personal representatives, I covenant and agree to make no claim, nor to institute any suit action or proceeding against the Conservancy, or [its/their] officers, directors, employees and agents [and the Preserve Owner, its officers, directors, employees, and agents] [and the Landowner their heirs, executors and assigns], relating to any accident, incident or occurrence arising out of or connected with my volunteer activities. I further agree to be responsible for any injuries or damage to myself or others caused by my failure to follow instructions or because of any inaccurate statements I have made in this waiver and release.

6. I understand and acknowledge that I am a volunteer member of the fire crew, that I am not an employee of The Nature Conservancy at any time during the course of the wildland fire operation, and that I am therefore not entitled any benefits provided by The Nature Conservancy for its employees, including, but not limited to, workers' compensation or health and medical insurance coverage. I acknowledge that I have my own health & medical insurance. I agree to provide the Conservancy with evidence that the appropriate coverage is in effect upon request at any time.

7. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made in it are all true and may be relied upon by the Conservancy, and that I am at least 18 years of age.

8. As a volunteer for the Conservancy, I acknowledge that I may have access to confidential and privileged information and materials obtained through my affiliation with the Conservancy. I shall not share any such information or materials with anyone within or outside the organization not intended to receive them, unless legally compelled to do so by law enforcement or a court order. This includes, but is not limited to, the following:

- Specific location of "closed" preserves, which might lead to unauthorized visits;
- Specific location of rare plants or animals, which might lead to unauthorized collecting;
- Information about conservation planning priorities;
- Information about incidents related to the burn activities, such as escapes, property damage or personal injury.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Emergency Contact:** The following individual has been notified that I am participating in a wildland fire operation as a volunteer for the Conservancy. In case of an emergency, please notify (include **name**, address & phone #):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acknowledgement by Burn Boss or Authorized Designee**

By signing below, I acknowledge that I have thoroughly reviewed this form with the volunteer named above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date