

2013 CSLAP Application Form

450
 + 35

 485
 PAID 2-25-13

Welcome to CSLAP! CSLAP is a joint venture between the NYS Department of Environmental Conservation (NYSDEC) and the NYS Federation of Lake Associations, Inc. **Please return this completed form with your 2013 NYSFOLA Dues and CSLAP Participation Fee by March 1st to:**

NYSFOLA P.O. Box 84 LaFayette, NY 13084-0084

Date: 2/23/13

Lake Name: EAGLE LAKE County: ESSEX

CSLAP Contact Person:

SUPPLIES WILL BE SENT TO THIS ADDRESS IN THE SPRING OF 2013. PLEASE BE CERTAIN THAT SOMEONE WILL BE AVAILABLE FROM LATE MAY THROUGH LATE JUNE TO ACCEPT THE PACKAGE. THIS PERSON WILL BE CONSIDERED THE PRIMARY CSLAP CONTACT FOR BOTTLES AND COOLER RETURN UNLESS OTHERWISE SPECIFIED.

Name CHRIS HYDE E-mail CHYDE1@GMAIL.COM PLEASE (see below)

Address 21 SARATOGA DRIVE (We cannot ship to a P.O. Box address)

City GLENVILLE State NY Zip 12302 Phone 518-210-9031

Names, phone numbers and e-mail addresses of trained volunteers.

1. PAUL BURROUGHS 518-585-7277 EAGLAKE@ADL.COM
2. LLOYD BURROUGHS
- 3.
- 4.

A minimum of 4 volunteers (2 primary and 2 secondary) should be identified before the sampling season begins. Please arrange for any new or untrained volunteers to attend the CSLAP training session at the NYSFOLA annual conference on Saturday May 4, 2013 at White Eagle Conference Center in Hamilton. Only trained volunteers should be collecting samples in order to ensure adherence to the CSLAP protocol. Membership in NYSFOLA is a requirement of the program. It is requested that new participants make a five (5) year commitment in order to make the data meaningful. PLEASE MAKE A NOTE ON THE BOTTOM OR BACK OF THIS FORM IF YOU NEED ANY REPLACEMENT EQUIPMENT IN 2013. THANK YOU.

2013 CSLAP PARTICIPATION FEE(S)***

1 SITE: \$350.00 (Shallow) \$450.00 (deep) (If you are unsure, please contact the NYSFOLA office)
 Additional site(s): \$1400.00 Deep \$1200.00 Shallow (plus cost of any new equipment that may be needed.)

*******THROUGHOUT THE SEASON, SCOTT & NANCY MAY NEED TO COMMUNICATE PROTOCOL ERRORS OR SEND MESSAGES TO VOLUNTEERS. PLEASE MAKE SURE THAT AT LEAST ONE CSLAP VOLUNTEER HAS AN ACTIVE E-MAIL ADDRESS THAT IS CHECKED ON A REGULAR BASIS! IF THE ADDRESS CHANGES DURING THE WINTER, PLEASE LET US KNOW. THIS WILL HELP US SEND REPORTS TO YOU.**

<p>***The primary CSLAP shipping contract is with United Parcel Service (UPS). Prepaid shipping labels will be provided. If you need to use the U.S. Postal Service to ship samples to the lab, please subtract \$30.00 from the participation fee per site. The \$30.00 discount is to help cover postage that must be paid by the lake association.</p>	<p style="text-align: center;">2013 CSLAP CHECKLIST</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 2013 NYSFOLA Membership Form <input checked="" type="checkbox"/> 2013 NYSFOLA Dues <input checked="" type="checkbox"/> 2013 CSLAP Application <input checked="" type="checkbox"/> 2013 CSLAP Participation Fee <input type="checkbox"/> 2013 Waiver Forms for all Volunteers 	<p style="text-align: center;">WAIVER FORMS</p> <p>2013 waiver forms must be signed by all primary volunteers <u>prior to bottle shipment</u>. Additional forms will be available on the NYSFOLA web site throughout the season for other "crew members." If a person's name appears on the Sampling Record or Observation Form, a waiver must be signed. Parents or legal guardians must sign for minors.</p>
--	---	---

2013 Membership Form

New York State Federation of Lake Associations, Inc.

Lake, Watershed and other Associations:

Small Association (10-74 members)	\$ 35.00
Medium Association (75-149 members)	\$ 75.00
Large Association (150 or more members)	\$150.00

Individual Memberships:

Individual Membership (not a member of a lake association)	\$ 20.00
Individual member of a 2013 NYSFOLA member lake association	\$ 10.00

Corporate Membership:

\$200.00

Membership is based on the CALENDAR year.

ELPOI

Name of Lake Association or Individual EAGLE LAKE PROPERTY OWNERS, INC.
Location (County) ESSEX

(important if your lake is one of many in the state with the same name)

Contact Name CHRIS HYDE
Address 71 SARATOGA DRIVE
City, State, Zip GLENNVILLE, NY 12302
Telephone 518-210-9031
E-Mail CDHYDE1@GMAIL.COM
Web site EAGLELAKE1.ORG

Amount Remitted \$ 485 Check # _____ Date 2-25-13

Any Additional Donation?

NYSFOLA is a 501(c) 3 Not-for-profit organization. You will receive a gift receipt, and your donation may be tax deductible to the extent permitted by law.

Send Payment to:

New York State Federation of Lake Associations, Inc. (NYSFOLA)
P.O. Box 84
LaFayette, NY 13084

**New York State Department of Environmental Conservation
New York State Federation of Lake Associations, Inc.
Citizens Statewide Lake Assessment Program**

Release of All Claims

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

1. Volunteer has agreed to sample a body of water located in the State of New York as designated by the New York State Department of Environmental Conservation (hereinafter "Department"), pursuant to Department's Citizens Statewide Lake Assessment Program (hereinafter "Program"), and to participate in other Program activities.
2. Volunteer is not an employee or agent of either the State of New York, or of the Department, nor of the New York State Federation of Lake Associations, Inc. ("NYSFOLA") while performing Program activities.
3. Volunteer is responsible for providing transportation to and from the sampling location(s), and is responsible for providing boats, motors, trailers and associated equipment necessary to perform this sampling and other Program activities.
4. Volunteer understands and assumes that during the course of sampling he/she may encounter hazards from the presence of other individuals using the body of water (boaters, water skiers, fishers, swimmers, etc.), from the presence of chemical solutions or other hazardous substances, or from natural occurrences.
5. Volunteer represents he/she is at least 18 years of age, and that any person with him/her while participating in the Program will also be 18 or older. Volunteer understands that any individuals who may accompany him/her while participating in the Program, including but not limited to sampling, or while traveling to and from the sampling location(s), have no connection with the State of New York, the Department or the Program or NYSFOLA unless such persons are Department employees acting within the scope of his/her official duties, or with respect to NYSFOLA, designated agents of the NYSFOLA Board of Directors. Volunteer agrees to be responsible for the actions of any persons accompanying him/her while participating in the Program.
6. Volunteer acknowledges that trespassing on private property is strictly prohibited, and shall not so trespass.
7. Volunteer agrees to defend and indemnify the State of New York in the event that a third party sues the State for injuries caused by the Volunteer or any accompanying person. Volunteer agrees to adhere to all applicable boating and boating safety laws. Volunteer agrees to defend and indemnify NYSFOLA, its Board of Directors and all contractors and subcontractors in the event a third party sues NYSFOLA for injuries caused by the Volunteer or any accompanying person.

WAIVER

I, the below named Volunteer, being of sound mind and body, acting of my own free will, having read and understanding fully this document, and in consideration of being accepted as a Volunteer and other good and valuable consideration, do hereby waive any and all claims against the State of New York, the Department and/or NYSFOLA and/or any agent or employee of the State or the Department, acting lawfully and within the scope of his/her official duties arising during the course of my participation in the Program, and any agent or employee of NYSFOLA in connection with the Program. This includes, but is not limited to (1) claims by Volunteer, his/her 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 the sampling location(s) and (2) claims for fines and other civil or criminal penalties or damages imposed upon Volunteer by a court of law, and (3) any claims arising in any way from Volunteer's past, present and future participation in the Program.

Lake Name(s)

(Signature)

Name (Please print)

Lake Association name:

Street address

City, State, Zip

Date: _____

Telephone number

E-mail address

WAIVER

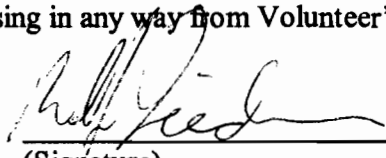
I, the below named Volunteer, being of sound mind and body, acting of my own free will, having read and understanding fully this document, and in consideration of being accepted as a Volunteer and other good and valuable consideration, do hereby waive any and all claims against the State of New York, the Department and/or NYSFOLA and/or any agent or employee of the State or the Department, acting lawfully and within the scope of his/her official duties arising during the course of my participation in the Program, and any agent or employee of NYSFOLA in connection with the Program. This includes, but is not limited to (1) claims by Volunteer, his/her 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 the sampling location(s) and (2) claims for fines and other civil or criminal penalties or damages imposed upon Volunteer by a court of law, and (3) any claims arising in any way from Volunteer's past, present and future participation in the Program.

Lake Name(s)

Eagle Lake

Lake Association name:
Eagle Lake Property
Owners, Inc. (ELPOI)

Date: 2/25/2013



(Signature)

Rolf Tiedemann

Name (Please print)

358 Electric Ave

Street address

Rochester, NY 14613

City, State, Zip

585-647-2514 Roch

~~518-597-3618 lake~~

Telephone number
585-310-2514 cell

Camptouchstone@yahoo.com

E-mail address