

Nightjar Route Description Form

Route # and Name: _____ State: _____

Year: _____

This form has three purposes:

- 1) Record specific information on the observers assigned to a specific nightjar route
- 2) Provide a space where observers can record details about each point location during a non-survey visit to the route (GPS coordinates are optional – please indicate map datum used).
- 3) Allow for recording of habitat information at each stop along a route (optional)

Part 1: Observer Information

	Observer #1	Observer #2
Name		
Address		
City, State, Zip		
Phone Number		
Email Address		

Parts 2 and 3: Route Information (optional)

Point	Location Description (landmarks, GPS coords, etc.)	# Houses Visible	Dominant 3 habitats (see below)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Habitat Codes:

PF = Pine/Conifer/Mixed Forest

HF = Hardwood Forest

D = Developed (urban, residential area)

O = Open (fields, lawn, gravel pits)

W = Water

M = Marsh/Wetland

RELEASE OF LIABILITY
Wisconsin Nightjar Survey

ACTIVITY Wisconsin Nightjar Survey

NAME _____ DATE _____

I, _____, wish to participate in the Wisconsin Nightjar Survey (WNS). I am informed that WNS activities are led by WNS selected people who may or may not be WNS employees and that they function as representatives of WNS.

I recognize that the Wisconsin Nightjar Survey activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage or loss of property which I may incur due to negligence or accidental occurrences while I am participating in the Wisconsin Nightjar Survey.

In consideration of the opportunity to participate in the Wisconsin Nightjar Survey, I, on behalf of myself, my agents, heirs and next of kin, hereby release WNS organizations and their representatives, employees, officers, and agents from any responsibility or liability for personal injury, including death, and damage to or loss of property, that I may incur due to the acts of WNS, my own negligence, or due to accidental occurrences while I am traveling to or from and during an owl survey, using or operating equipment, or otherwise participating in the Wisconsin Nightjar Survey.

I verify that I have no physical disability, impairments, or chemical dependencies that might inhibit my participation in the Wisconsin Nightjar Survey, and I agree to abide by all WNS regulations regarding my participation in the Wisconsin Nightjar Survey.

I, the undersigned, am at least 18 years of age, am competent to sign this release, and have read carefully and understand all its terms.

Signed _____

Date _____

Witnessed by _____

Date _____

Wisconsin Nightjar Survey Volunteer Effort Sheet

Activity Description:	
Project Title: <i>Wisconsin Nightjar Survey</i>	State: WI
Route # and Name:	

In-kind Effort

Date	Name	Signature	Mileage	Hours

Certification:

To the best of my knowledge I certify that the above is correct.	
Signature:	Date:
Title:	