

## The Ohio State University at Mansfield PUBLIC USE APPLICATION

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### 1. APPLICANT INFORMATION:

APPLICANT: \_\_\_\_\_

INSTITUTION (Do not abbreviate): \_\_\_\_\_

TYPE OF INSTITUTION: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

OFFICE FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 2. REQUESTED ARRIVAL AND DEPARTURE DATES (Exact dates of use. Please sign-in daily at the campus)

### 3. PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN THE GROUP (Including group leaders):

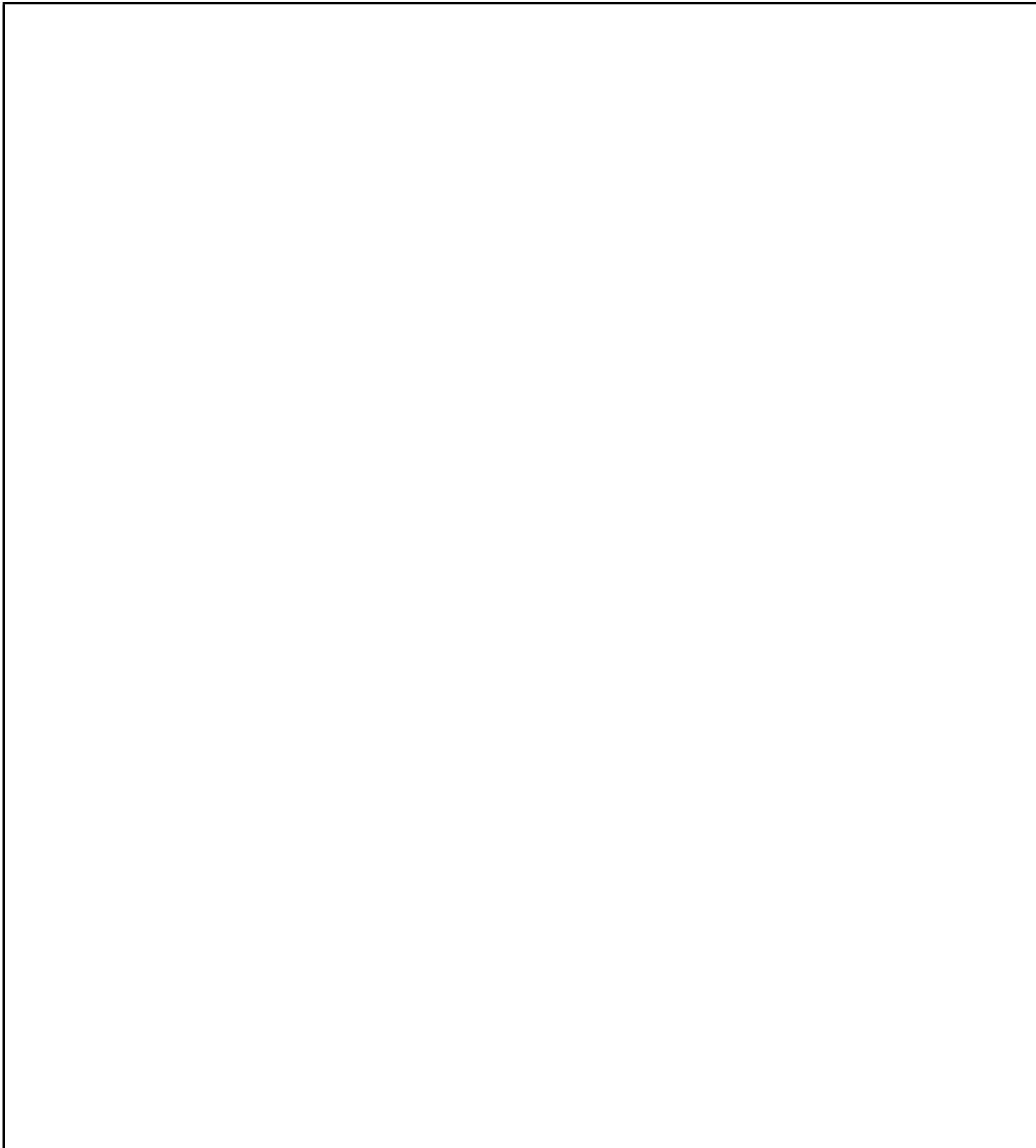
If this is a school group, please indicate grade level: \_\_\_\_\_

INSTRUCTORS

OTHER ADULTS

STUDENTS

4. **STATEMENT OF PROPOSED PURPOSE FOR VISIT.** (Include location of field areas, animal and plant populations that may be affected by the proposed visit, and any housing or other resources needed during the visit. Any potential disturbances to the campus' ecosystem or cultural resources, including all experimental manipulations, collections, and the introduction of any species or genotypes, must be clearly described. The application will be evaluated using the following considerations: potential impacts to natural systems; potential impacts to present or future long-term use of resources for research or instructional purposes; potential conflicts with on-going research or instructional programs; and availability of alternative sites. Please type or print clearly.)



## 5. INTRODUCTION OF NON-NATIVE GENOTYPES

Does your project involve the transfer of animals, plants, and/or microorganisms from outside the campus to within the campus, or between different parts of the campus? Yes No

## 6. GUIDELINES FOR GROUP VISITS:

- Plan the trip in advance, including logistics, travel, food, emergencies, weather, and clothing needs.
- Designate one person in your group to make arrangements and communicate them to the rest of the group.
- It is the group leader's responsibility to be sure all participants are aware of restrictions particular to the campus.
- Any disturbance to the ecosystem (sampling or removal of plant parts, collection of rocks, sand, soil, water, animals, etc.) must be approved in advance by the campus.
- Information on the recommended routes and trails can be obtained from the campus representative. Please be careful not to interfere with ongoing research projects. Travel through the campus forest as unobtrusively as possible.
- Take sufficient time to supervise your group. A staff/student ratio of 1:5 to 1:10 is recommended.
- Encourage serious students to undertake a research project of their own. Please check with the campus for appropriate research projects.
- Please notify the campus representative of any special needs or concerns of your group.

## 7. IN CASE OF EMERGENCY:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## 8. THE OHIO STATE UNIVERSITY – MANSFIELD CAMPUS REGULATIONS

- If the public outreach use application is approved, the user must comply with all applicable University regulations, including those that are resource-specific, and provide all required state and federal permits.
- **All users, unless exempted, must sign a WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT before they will be allowed to enter the campus forest.** It is the responsibility of the teacher/group leader to see that each member of the group has signed this agreement BEFORE visiting the campus. For visitors under 18 years old, the minor's parent or guardian must sign this agreement. This agreement cannot be altered.
- Visitors may not bring animals (domestic or wild) to the campus, unless they are part of an approved research project or are necessary to help a disabled user. Please notify the campus if you have a special need.
- Firearms are forbidden at the campus forest, unless the University has granted special permission.
- All users are requested to leave the land and any facilities cleaner than you found them.

I have read and agree to abide by the use regulations listed above and any resource-specific rules appended to this application, and am aware that it is my responsibility to disseminate this information to all members of my party.

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Applicant's Signature\*

Date

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Campus Advisory Committee Approval

Date