

**U.S. DEPARTMENT OF AGRICULTURE  
FOREST SERVICE**

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT  
FOR GOOD SAMARITAN SEARCH AND RECOVERY MISSIONS**

**<USER NOTES FOR FORM FS-2700-40>**

**<Do not make any modifications, additions or deletions to this form.>**

**<Delete user notes prior to printing.>**

**AUTHORITY:**

**Section 9002 of the John D. Dingell, Jr. Conservation, Management, and Recreation Act, Pub. L.  
No. 116-9, 43 U.S.C. 1742a**

The undersigned good Samaritan, \_\_\_\_\_, has made a voluntary request to conduct a search on National Forest System (NFS) lands for one or more missing individuals believed to be deceased (hereinafter "search and recovery mission").

Name of Missing Person or Persons: \_\_\_\_\_

Starting Date of Search and Recovery Mission: \_\_\_\_\_

Anticipated Ending Date of Search and Recovery Mission: \_\_\_\_\_

**Assumption of Risk**

The undersigned is aware that a search and recovery mission is inherently dangerous and that the undersigned may be subjected to the risk of death, personal injury, or damage to the undersigned's property by undertaking such a mission on NFS lands. The undersigned voluntarily assumes the risk of death, personal injury, and property damage arising from or in any way connected with the undersigned's search and recovery mission on NFS lands, including but not limited to death, personal injury, and property damage caused by uneven terrain, exposure, heat stroke, rockslides, avalanches, encounters with wildlife, or wildfire. The undersigned acknowledges that the undersigned possesses the requisite knowledge, skills, and training to successfully execute a search and recovery mission on NFS lands despite its inherent risks.

**Waiver of Liability**

The undersigned hereby agrees that the United States and its officers, agents, and employees shall not be liable to the undersigned or the undersigned's estate, heirs, or assignees for the death of, personal injury to, or property damage sustained by the undersigned as a result of negligence of an officer, agent, or employee of the United States in connection with conducting a search and recovery mission on NFS lands. The undersigned hereby waives any negligence claims the undersigned or the undersigned's estate, heirs, or assignees may have against the United States and its officers, agents, and employees for the death of, personal injury to, or property damage sustained by the undersigned in connection with conducting a search and recovery mission on NFS lands.

**Indemnification, Hold Harmless, and Duty to Defend**

The undersigned and the undersigned's estate, heirs, and assignees shall indemnify, hold harmless, and defend the United States and its officers, agents, and employees for any injury, loss, or damage the United States may suffer as a result of claims, demands, losses, or judgments, other than those caused

by the negligence of the United States or its officers, agents, or employees, arising in connection with the undersigned's search and recovery mission conducted on NFS lands.

### Legal Status of the Undersigned

The undersigned agrees that (1) the undersigned is acting for private purposes and shall not be considered to be a USDA Forest Service volunteer; (2) the undersigned shall not be considered to be a volunteer under 54 U.S.C. 102301(c); (3) the Federal Tort Claims Act, 28 U.S.C. chapter 171, shall not apply to the undersigned in connection with the undersigned's search and recovery mission on NFS lands; and (4) the Federal Employees Compensation Act, 5 U.S.C. chapter 81, shall not apply to the undersigned in connection with the undersigned's search and recovery mission on NFS lands, nor shall the conduct of the undersigned's search and recovery mission constitute civilian employment.

### THE UNDERSIGNED MUST COMPLETE THE FOLLOWING IN THE UNDERSIGNED'S OWN HANDWRITING:

Have you read this form in its entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your organization acting in a not-for-profit capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attained the age of majority under the law in the State where the search and recovery mission is to take place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware that by signing this form you are agreeing (1) to assume all risk of death, personal injury, and property damage, (2) to waive all claims against the United States for negligence, and (3) to pay the cost of defending the United States in any lawsuit and to pay any damages incurred by the United States in any lawsuit, other than those caused by the negligence of the United States, arising in connection with your conducting a search and recovery mission on NFS lands? <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
[name of good Samaritan]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[name and title of Forest Service witness]

\_\_\_\_\_  
Date

### PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0596-0082. Response to this information collection request is required to obtain or retain benefits, specifically, a special use authorization. The authority for this information collection request is Section 9002 of the John D. Dingell, Jr. Conservation, Management, and Recreation Act, Pub. L. No. 116-9, 43 U.S.C. 1742a. The time required to complete this information collection request is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to Forest Service Information Collections Officer, [SM.FS.InfoCollect@usda.gov](mailto:SM.FS.InfoCollect@usda.gov), with OMB control number 0596-0082 in the subject line.

### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act statement serves to inform you of the following concerning the collection of the information on this form.

**Purpose:** The Privacy Act of 1974 requires that the Director of Recreation, Heritage, and Volunteer Resources staff and the Director of Lands, Minerals, and Geology Management staff provide the following statements to individuals from whom they request information.

**Authority:** Collection of this information solicited on this form is authorized by Section 9002 of the John D. Dingell, Jr. Conservation, Management, and Recreation Act, Pub. L. No. 116-9, 43 U.S.C. 1742a.

**Routine Uses:** The information collected will be used by Forest Service officials to ensure that your use of National Forest System lands is administered in accordance with applicable statutes, regulations, and directives. The information collected from you is retained in the Special Uses Data System (SUDS) and is retrieved by the Forest Service create reports for the Agency's Special Uses Program, generate bills for collection of land use fees for your authorization, monitor compliance with your special use authorization, and other matters pertaining to administration of your special use authorization. SUDS is a component of the Forest Service's Natural Resources Manager database (NRM). A complete list of the routine uses of NRM can be found in the system of records notice associated with this form, FS-24.

**Disclosure:** The submission of this information is required to obtain or retain benefits, specifically, a special use authorization.

#### NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit the completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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