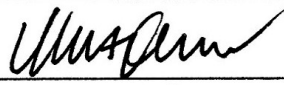
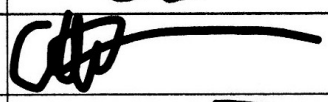
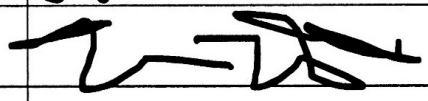
Oregon State University

College of Forestry

I, the undersigned, acknowledge that, in keeping with the OSU's College of Forestry's Remote Fieldwork Safety Plan Instruction:

(a) I have been fully informed of the risks of this fieldwork as listed in this form and that I accept them;
(b) I am aware of and will comply with the established safety procedures (SOP's and WP's initialed by participants and attached to this form) and my duties as a participant as set out in the OSU's Travel and College of Forestry's Remote Fieldwork Safety Plan, including my duty to take reasonable care for my health and safety and the health and safety of others who may be affected by my actions;
(c) I am in a satisfactory state of health to undertake the field activity/research described in this form;
(d) I have received all of the recommended immunizations listed in this form; and
(e) I am aware of limitations of insurance coverage.
(f) For specific requirements reference the OSU's College of Forestry's Remote Fieldwork Safety Plan Safety Instructions, Training requirements, and guidelines.

ACKNOWLEDGMENT OF PARTICIPANTS:		
NAME (print)	**SIGNATURE (confirmation)**	**DATE**
1. Murat Ozmen		7/12/2026
2. Gayoung Won		7/13/2026
3. Abrahm Knight		07/10/2026
4. Brett Morrissette		7/12/2026
5.		
6.		
7.		
8.		
9.		
10.		

Signature of Principal Investigator

I acknowledge that this safety plan has been prepared in keeping with the requirements of the Oregon State University procedures for safety in fieldwork:

Woodam Chung	Woodam Chung Digitally signed by Woodam Chung Date: 2026.07.10 18:50:38 -07'00'	July 10, 2026
Name (print)	Signature	Date

Signature of Unit Head or Unit Safety Manager (or equivalent)

I acknowledge receipt of this document:

Murat Ozmen		7/12/2026
Name (print)	Signature	Date