

MISSOURI DEPARTMENT OF CONSERVATION  
**DISCOVER NATURE FISHING - SCHOOLS**  
**TEACHER KIT LOAN**



1. **PURPOSE OF LOAN AGREEMENT**

This Loan Agreement is between the Missouri Department of Conservation (“Department”) and \_\_\_\_\_ (“Recipient”)

(name of school)

The purpose of the Discover Nature Fishing (DNF) Schools program is to engage students in conservation and aquatic education through classroom instruction and hand-on fishing opportunities. DNF-Schools helps students gain the skills and confidence to go fishing on their own. Participants learn about aquatic ecology, fish habitat, and fish identification. They also learn about fishing equipment, casting, rigging a fishing rod, baiting a hook, and proper handling of fish. This DNF-Schools Teacher Kit Loan Agreement supports teachers using the DNF curriculum by providing the equipment needed to experience recreational fishing.

2. **MEASURABLE DELIVERABLES:**

A. Department agrees to:

1. Loan one Teacher Kit to Recipient. Each Teacher Kit will contain the equipment listed in Attachment A.
2. Provide training required for all teachers using a DNF-Schools Teacher Kit.
3. In cooperation with the Recipient, facilitate periodic maintenance on provided equipment.
4. Replace any broken or damaged equipment if the equipment and broken pieces are returned to the Department.

B. The Recipient agrees to:

1. Require training for all participating teachers in DNF-Schools prior to delivery of the DNF-Schools Teacher Kit.
2. Teach lessons from the DNF Teacher Kit and provide hands-on fishing opportunities for students.
3. Complete and submit an annual report by **June 15**.
4. In cooperation with the Department, conduct periodic maintenance on provided equipment.
5. Notify the Department when equipment needs replacing and return the broken or damaged equipment to the Department.
6. Replace any lost, stolen, or missing equipment at the time of return.

3. **PARTIES AND CONTACTS:**

LEAD CONTACT/TEACHER NAME <i>(Please print)</i>	GRADES TAUGHT	NUMBER OF STUDENTS		
LEAD CONTACT/TEACHER <i>(Please print)</i>	PHONE NUMBER	EMAIL		
SCHOOL MAILING/STREET ADDRESS	CITY	STATE	ZIP	
MDC CONSERVATION EDUCATOR <i>(Please print)</i>	PHONE NUMBER	EMAIL		

4. **AGREEMENT PERIOD:**

Agreement begins as of the last written date of Department signatures and is in effect for three years.

5. **REPORTING REQUIREMENTS:**

Recipient will report annually to the Department the number and types of programs given and participants involved annually by June 15 through the duration of the agreement.

6. **OWNERSHIP:**

The Department will retain ownership of all equipment loaned to Recipient under this agreement.

7. **MONITORING REQUIREMENTS:**

MDCs local Conservation Educator shall monitor Recipient through ongoing informal contact by phone calls, on-site visits, and email. The Department’s Aquatic Education Coordinator or representative will review the submission of annual reports.

8. **TERMINATION:**

Either party may terminate this Agreement at any time, without penalty or recourse, by giving written notice at least thirty days prior to the effective date of the termination. Upon termination of this Agreement all Teacher Kits must be returned to the Department.

9. **APPLICABLE LAWS AND REGULATIONS, HOLD HARMLESS, AND INDEMNITY:**

The Recipient shall comply with all local, state, and federal laws and regulations related to the performance of this agreement to the extent that the same may be applicable to the entity. The Recipient agrees to assume all risks associated with the activities performed under this Agreement and agrees to hold harmless the Department, the Conservation Commission, and its agents and employees, from any claim or suit arising from, or in connection with, this Agreement and the activities performed under this Agreement.

10. **OTHER PROVISIONS:** MDC shall be given appropriate credit in all publications, educational materials, and media contacts related to DNF–Schools and Teacher Kit

**APPROVED AND ACCEPTED BY:  
MISSOURI DEPARTMENT OF CONSERVATION:**

\_\_\_\_\_  
EDUCATION UNIT CHIEF *(Signature)*                      DATE

\_\_\_\_\_  
MDC CONSERVATION EDUCATOR *(Signature)*                      DATE

**RECIPIENT ORGANIZATION**

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
DISTRICT NAME

\_\_\_\_\_  
SCHOOL ADMINISTRATOR *(Please print)*

\_\_\_\_\_  
SCHOOL ADMINISTRATOR *(Signature)*                      DATE

\_\_\_\_\_  
ADMINISTRATOR TITLE *(Please print)*

\_\_\_\_\_  
LEAD CONTACT/TEACHER NAME *(Signature)*                      DATE

Approved by MDC Legal Counsel 03/22

*March 2022*