

RELEASE OF LIABILITY

ADIRONDACK MOUNTAIN CLUB ♦ 814 Goggins Road ♦ Lake George, NY 12845-4117 ♦ North Jersey-Ramapo Chapter

DATE: _____ **ACTIVITY NAME & RATING:** _____ **LEADER(S):** _____

By signing below, I acknowledge that the outdoor recreational activities associated with the above described hike/trip to be conducted by the ADK, and/or its chapters are rigorous outdoor sports activities which may involve the risk of personal injury or death.

I hereby agree for myself, all of my family members and heirs, to be effective to the greatest extent permitted by law, to release ADK and any of its employees, officers, directors, governors, members, hike/trip leaders, chapters or agents from any and all liability claims, losses, and/or damages for personal injuries or death which may occur during participation in the above named hike/trip and the outdoor recreation activities associated with said hike/trip. I hereby agree for myself, all of my family members and heirs, to be effective to the greatest extent permitted by law, not to sue or make any negligence claim against ADK, and any of its employees, officers, directors, governors, members, hike/trip leaders, and members for personal injuries or wrongful death suffered as the result of participation in the above named hike/trip activity and the alleged negligence of any of the parties described above. I intend this release and agreement not to sue to be effective whether or not the injury or death results, in whole or in part, from the negligence of the ADK, or any of its agents, employees, officers, instructors, guides, directors, hike/trip leaders, and/or members. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonably careful person would not do, under the same circumstances, to protect another from injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the outdoor recreational activities of the ADK. I knowingly assume the following risks, which include, but are not limited to, the risk of personal injury or death, which may occur during participation in the above named hike/trip and the outdoor recreation activities associated with said hike/trip, including the potential negligence of the trip leader(s).

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST READ THE FOLLOWING AND SIGN BELOW: I hereby represent that I am the legal guardian of the minor listed below and that I have read the above release. I hereby consent to the terms of the release on behalf of this minor and give my consent to the participation of this minor in all activities of the ADK on the terms stated above.

PRINT FULL NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT (OR, IF A MINOR, PARENT/GUARDIAN)	CHECK ONE		NON-MEMBER ADDRESS/EMAIL/PHONE	EMERGENCY PHONE
		ADK	GUEST		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

[OVER FOR CONTINUATION SHEET]

By signing, I attest that I have read and agree to the terms of the Release of Liability on the preceding page.

PRINT FULL NAME	SIGNATURE OF PARTICIPANT (OR, IF A MINOR, PARENT/GUARDIAN)	CHECK ONE		NON-MEMBER ADDRESS/EMAIL/PHONE	EMERGENCY PHONE
		ADK	GUEST		
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**LEADERS: Email the completed form to Bob Morrison (6 White Oak Drive, North Caldwell, NJ 07006)
at mickey7nyy@gmail.com or hikingforms@adknjr.org
or via a text message at 973-768-6617**