

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 illness, 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 illness, 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 illness, 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 illness, 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).

I agree not to participate if I answer "YES" to any of the following four (4) questions:

Do you currently have any symptoms of a respiratory infection (including cough, fever, sore throat, shortness of breath, or loss of taste/smell)? Have you had any of the above symptoms in the past 14 days? Have you tested positive for COVID-19 in the past 14 days? Have you had contact with any confirmed or suspect COVID-19 case within the last 14 days?

I agree to have the following Personal Protective Equipment (PPE) readily available at all times during the hike: face mask, gloves and hand sanitizer.

I acknowledge that hiking is inherently dangerous and that hiking in a group can increase my chances of contracting COVID-19. I will take all precautions to minimize the spread of COVID-19 and I will conduct myself in accordance with ADK guidelines as well as the recommendations of public health officials.

PRINT FULL NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	MEMBER ADDRESS, EMAIL & PRIMARY TELEPHONE NUMBER	EMERGENCY PHONE
1.			
2.			