

RELEASE OF LIABILITY

ADIRONDACK MOUNTAIN CLUB ♦ PO Box 4390, Queensbury, NY 12804 518-668-4447 ♦ 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 trip to be conducted by the Adirondack Mountain Club, Inc. (ADK), and/or its chapters are often rigorous and present many risks that could result in illness, to include Covid and other respiratory illnesses, personal injury, and/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, members, trip leaders, chapters, or agents from any and all liability claims, losses, and/or damages for any illness, including Covid and other respiratory related illnesses, personal injury or injuries, and/or death which may occur as a result of participation in the above-named trip and activities associated with said trip.

I hereby agree for myself, all 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, or any of its agents, employees, officers, instructors, guides, directors, trip leaders and members for any illness, including Covid and other respiratory related illnesses, personal injury or injuries, and/or wrongful death suffered as a result of participation in the above-named trip or activity and any 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, trip leaders and/or members.

I understand that negligence means a failure to do an act which a reasonably 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 illness, including Covid and other respiratory related illnesses, personal injury or injuries or death, which may occur as a result of participation in the abovenamed trip and recreation or sports activities associated with said trip, including the potential negligence of the trip leader(s).

PRINT FULL NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	MEMBER ADDRESS, EMAIL & PRIMARY TELEPHONE NUMBER	EMERGENCY PHONE	ADK Member (Y/N)
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ALL SECTIONS, INCLUDING THE TOP, MUST BE COMPLETED.

5/11/2023

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 OF PARTICIPANT	SIGNATURE OF PARTICIPANT	MEMBER ADDRESS, EMAIL & PRIMARY TELEPHONE NUMBER	EMERGENCY PHONE	ADK Member (Y/N)
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5/11/2023

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