ADIRONDACK MOUNTAIN CLUB
P.O. Box 4390, Queensbury, NY 12804
(518) 668-4447
RELEASE OF LIABILITY FORM

TRIP: _____ **DATE of TRIP:** _____/_____/20__

TRIP LEADER(S): _____ **CHAPTER**: **MOHICAN**

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). Further, if I leave the hike early, I assume all risk of injury and hereby release ADK Mohican Chapter and its leader of all liability.

	PRINT FULL NAME	SIGNATURE	EMERGENCY PHONE	ADK MEMBER
1,				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No
7.				☐ Yes ☐ No
8.				☐ Yes ☐ No
9.				☐ Yes ☐ No
10.				☐ Yes ☐ No
11.				☐ Yes ☐ No

If UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the above-named minor, and give my consent to the participation of the above-named minor in the outdoor recreational activities of the ADK, and I hereby give my consent to the participation of the above-named minor in all the activities of the ADK on the terms stated above.

_____ _____ _____
PARENT/GUARDIAN NAME (PLEASE PRINT) Signature Date

_____ _____ _____
PARENT/GUARDIAN NAME (PLEASE PRINT) Signature Date

Upon completion of hike, email # of participants to Jeanne Thomson at: jeannewthomson@gmail.com

FOLLOW UP BY MAILING THE ORIGINAL TO: Jeanne Thomson, P.O. Box 219, Somers, NY 10589-0219 (R2/24)