ADIRONDACK MOUNTAIN CLUB
814 Goggins Rd., Lake George, NY 12845-4117
(518) 668-4447

Leader's Name_____

Outing Type_____

Location_____

Date(s) of Outing_____

RELEASE OF LIABILITY-GROUP FORM

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 rigorous outdoor sports activities which may involve risk of personal injuries 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, 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 trip and the outdoor recreation activities associated with said 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 the ADK, or any of its agents, employees, officers, instructors, guides, directors, governors, trip leaders and members for personal injuries or wrongful death suffered as a result of participation in the above-named trip or activity.

I intend this release and agreement not to sue to be effective whether or not 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, governors, trip leaders and/or members.

I understand that negligence means 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 person 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 injuries or death, which may occur during participation in the above named trip and the outdoor recreation activities associated with said trip.

More signature lines on the back.

Print Name	Signature	Home Phone #	Email Address	ADK Member	
				YES	NO

If you are a guest who would like to receive membership materials, please turn the page over.

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 I have read the 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.

SIGNATURE_____ DATE_____

SIGNATURE_____ DATE_____

SIGNATURE_____ DATE_____

INSTRUCTIONS FOR LEADERS

1. Each participant is to sign and print name on the front of this form (or extra lines on back.)
2. Minors are to have a guardian sign in the area indicated.
3. Before returning this form in the envelope enclosed, **provide a brief summary** to be included in **Mid-Hudson Trails.** (weather conditions, plants and animals observed, humorous occurrences, etc.) Thank-you.

Extra Signature Lines: Release of Responsibility detailed on reverse side of this form.

Print Name	Signature	Home Phone #	Email Address	ADK Member	
				YES	NO

Summary (*may be e-mailed to* **nmorrill@adelphia.net** *if you prefer, but you still need to mail the form with signatures)*_____

If you would like to become a leader, please enter your name, phone number and e-mail here:_____

If you are a guest who would like to receive membership materials, please print your name and mailing address here:

1._____

2._____

3._____

4._____

Return form to*:* Nancy Morrill, 65 Stony Creek Road, Tupper Lake, NY 12986
To lead outings, contact: Sue Mackson 845-471-9892 susiem6@juno.com