

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

TRIP _____

DATE of TRIP _____

TRIP LEADER _____

CHAPTER Glens Falls – Saratoga

RELEASE OF LIABILITY FOR MINOR

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 the 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 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, 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 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, governors, 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 personal injuries or death, which may occur during participation in the above-named trip and the outdoor recreation activities associated with said trip.

Minor: Print name _____ Signature _____ Date _____

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.

Guardian: Print name _____ Signature _____ Date _____

Activities may include photographs, both group and individual. These photographs may be sent by e-mail, posted on social media sites such as Facebook, or otherwise distributed electronically.

Guardian please initial: The above minor may be photographed _____ may not be photographed _____

Note: Suitability of an outing for participation of minors is at the discretion of the trip leader.

Trip Leader: Please mail this completed release form to: Outings Chair, Glens Falls-Saratoga Chapter of ADK, P.O. Box 2314, Glens Falls, NY 12801.