

**ADIRONDACK MOUNTAIN CLUB**

814 Goggins Road, Lake George, NY 12845-4117

**North Jersey Ramapo Chapter**

**RELEASE OF LIABILITY**

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 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.

I intend this release and agreement not to sue 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, hike/trip leaders, and/or members.

I understand 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 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 injury or death, which may occur during participation in the above named hike/trip and the outdoor recreation activities associated with said hike/trip.

**Parent or guardian** of hike participant under 18 years of age please fill out information on reverse side. **Guests** register on reverse side.

Date \_\_\_\_\_ Leader (s) \_\_\_\_\_

Title \_\_\_\_\_

Class \_\_\_\_\_ Start \_\_\_\_\_ Finish \_\_\_\_\_

Print Name

Emergency Phone Contact

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

If hike participant is under 18 years of age, parent or guardian must read the **Release of Liability** then read and sign the following statement.

I am the legal guardian of the minor noted below and have read this statement and the release on the reverse of this form. I hereby consent to the terms therein on behalf of the named minor and give my consent to his/her participation in this activity of the ADK on the terms stated.

Print minor's name \_\_\_\_\_

Print name of signer \_\_\_\_\_

Signer Initial \_\_\_\_\_ Date \_\_\_\_\_

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Print minor's name \_\_\_\_\_

Print name of signer \_\_\_\_\_

Signer Initial \_\_\_\_\_ Date \_\_\_\_\_

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Print minor's name \_\_\_\_\_

Print name of signer \_\_\_\_\_

Signer Initial \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Phone Numbers**

In an emergency call 911 or

New York State Park Police 845-786-2781

Palisades Interstate Parks

New Jersey 201-768-1360

New York 845-786-2701

Sterling Forest 845-351-5907

Ringwood State Park 973-962-7031

Abram Hewitt State Forest 973-853-4462

Wanaque Wildlife Management Area 973-383-0918

Black Rock Forest 845-534-4517

East Hudson Park Police 845-889-4100 x 310

Minnewaska State Park Police, Ellenville 845-626-2800

**Guests Register Below**

Print Name                      Emergency Phone                      Home Phone

1. \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_

4. \_\_\_\_\_

Address \_\_\_\_\_

5. \_\_\_\_\_

Address \_\_\_\_\_

6. \_\_\_\_\_

Address \_\_\_\_\_

7. \_\_\_\_\_

Address \_\_\_\_\_

8. \_\_\_\_\_

Address \_\_\_\_\_

9. \_\_\_\_\_

Address \_\_\_\_\_

10. \_\_\_\_\_

Address \_\_\_\_\_

**Complete and return form to: Betty Heald, 156 Spring Lane, Paramus, NJ 07652**