

ADIRONDACK MOUNTAIN CLUB OUTINGS COMMITTEE  
**INDIVIDUAL RELEASE OF LIABILITY**

TRIP: Yellowstone in Autumn, Hiking and Natural History **Part 2** 9/25 - 10/2, 2012

LEADER: Sandra Hildreth

By signing below, I acknowledge that all activities sponsored or conducted by The Adirondack Mountain Club (ADK) may be hazardous, and may result in loss, damage or death.

With full knowledge of these dangers, I hereby agree for myself, all of my family and heirs, to RELEASE the ADK and any of its employees, members, trip leaders, chapters, groups, representatives or agents from liability, claims, demands or any causes of action, and NOT TO USE OR OTHERWISE MAKE ANY CLAIM against the ADK or any of its chapters, groups, representatives or agents whatsoever which may arise during my participation in any activities of the ADK.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death RESULTS FROM NEGLIGENCE of the ADK or any of its agents, leaders, instructors, guides, officers, directors, or representatives. I understand that negligence means a failure to do an act that a reasonable, careful person would do, or the doing of an act that a reasonable, careful person would not do, under the same or similar circumstances, to protect himself, herself, or others from injury or death.

I assume full responsibility for any personal injuries, including injuries resulting in death, which might occur as the result of the negligence or lack of care of ADK, its employees, members, chapters, trip leaders, groups, representatives or agents.

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 activities of the ADK.

PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_  
Printed name Signature AGE (if under 18) \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST ALSO 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 named minor, and give my consent to the participation of the above named minor in all activities of the ADK on the terms stated.

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
Printed name Signature

\_\_\_\_\_  
Relationship Address Phone (day & night)

SEND to Trip Leader with Registration Form