

ONONDAGA CHAPTER – ADIRONDACK MOUNTAIN CLUB
SCHEDULED MAINTENANCE OUTING REPORT

(Use this form only for maintenance or construction outings listed in the Outings Schedule.)

OUTING _____ DATE _____ OUTING No. _____

LEADER _____ MEETING PLACE _____

TIME OF DEPARTURE _____ TIME OF RETURN _____ TYPE WORK - Maintenance _____
New Trail Construction _____

ONONDAGA CHAPTER - RELEASE OF LIABILITY

By signing below, I acknowledge that the outdoor activities associated with the herein described trail maintenance activities to be conducted under the auspices of the Onondaga Chapter, Adirondack Mountain Club, Inc. are rigorous outdoor sports activities which may involve the risk of personal injury or death;

I hereby agree for myself, all 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-mentioned trail maintenance activities.

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-mentioned trail maintenance activities.

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 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 above-mentioned trail maintenance activities and all 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 the participation in the above-mentioned trail maintenance activities and any recreational activities associated with said activities.

Signatures Of All Participants

Parents or guardians of minor children must read the Liability Release and sign following the minor's name. Place additional signatures on back.

FLTC/NCT Maintenance Data

_____ hr. R/T travel time to site of work on public land (*) * Public land includes land administered by the DEC, OPRHP, Parks, Historic Sites, Wildlife Management Areas, and all other lands administered by state, county, city, or town governments.

_____ hr. R/T travel time to site of work on private land (**)

_____ hr. leader preparation time ** Private lands includes lands owned by individuals, businesses (including non-profit organizations such as land trusts) and all other lands administered by non-governmental organizations.

_____ hr. actual trail work on public land (*)

_____ hr. actual work on private land

Steward's Section # or FLT Map # where trail work was accomplished _____ State Forest _____

Description of Work Accomplished _____

Signature of Steward or Maintenance Leader _____

Please complete this report as soon as possible following the trail maintenance activity and send to: Barbara Ullrich, PO Box 844 Fayetteville, NY 13066. Please include additional signatures and comments on reverse side.