ONONDAGA CHAPTER - ADIRONDACK MOUNTAIN CLUB
SCHEDULED OUTING REPORT

OUTING_____ DATE _____ OUTING No._____

LEADER_____ MEETING PLACE_____

TIME OF DEPARTURE_____ TIME OF RETURN_____

Release of Liability Statement

By signing below, I acknowledge that the outdoor activities associated with the above-named scheduled outing to be conducted under the auspices of the Onondaga Chapter, Adirondack Mountain Club, Inc. are rigorous outdoor sports activities that 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 outing and the recreational activities associated with said outing.

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 outing 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 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 this outing and any recreational activities of the ADK.

I knowingly assume all risks, which include but are not limited to, the risk of personal injuries or death, which may occur during the participation in the above-named outing and the recreational activities associated with said outing.

SIGNATURES SIGNATURES

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Parents or guardians of minor children sign following the minor's name.

Hike Leaders Signature:_____ Please complete this report as soon as possible following the outing and send to Harold K. Boyce, 404 Meyers Road, Liverpool, NY 13088. Please print illegible signatures before leaving meeting place. Please use the reverse side for outing comments and additional signatures.

Approved by Executive Committee - 10/19/2005