

ONONDAGA CHAPTER – ADIRONDACK MOUNTAIN CLUB
STEWARD'S and UNSCHEDULED TRAIL MAINTENANCE REPORT

(Please use this form for unscheduled maintenance outings and steward's work only.)

Steward's or Maintenance Leaders Name _____ (print)

Date Work Accomplished _____

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 Other Participants

If under 18 years of age, a parent or guardian must 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 above-named minor, and give my consent to the participation of the above-named minor in the outdoor activities of the ADK including the trail maintenance activity covered by this report.

Place additional signatures on the back.

FLTC/NCT Steward's 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.