

ADIRONDACK MOUNTAIN CLUB, INC.

PO Box 867, Lake Placid, New York 12946

518-523-3441

Before you arrive, thoroughly read all program materials, and call us if you have any questions. The Acknowledgment of Risk statement (below), Release of Liability (next page), Photo Release (next page) sections of this form must be completed and signed before you can attend the program.

Safety is a fundamental part of the ADK (Adirondack Mountain Club) operation. Safety is taught and practiced on every program offered by the ADK. Despite operating to the best of our capabilities, the possibility of an accident still exists. We cannot - nor can anyone - reduce that possibility to zero.

ACKNOWLEDGMENT OF RISK

In consideration of the services of the Adirondack Mountain Club, their employees, members, trip leaders, chapters, groups, representatives or agents and all other persons or entities acting in any capacity on their behalf (collectively referred to as ADK), I agree as follows:

I acknowledge that this program entails known and unanticipated risks, which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death.

I understand that ADK does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks:

ADK programs camp and travel out of doors, where they are subject to numerous risks, environmental and otherwise. Activities vary from program to program, and include hiking and backpacking, rock climbing, mountaineering, whitewater and flat water canoeing and kayaking, skiing, snowshoeing, fishing, and trail work. In the backcountry, meals are prepared over gas stoves and water requires disinfection before use. Camping risks and hazards includes burns, cuts, diarrhea and flu-like illness. ADK programs occur in remote places, many hours from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be delayed. Travel is by vehicle, canoe, kayak, skis, on foot and by other means, over rugged unpredictable terrain, including stream crossings, snow and ice, steep slopes, slippery rocks, and downed timber. Environmental risks and hazards include rapidly moving, deep, or cold water, insects, falling or rolling rock, lightning, avalanches, floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions. Decisions are made by the instructor(s) and participants in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Throughout the course, participants are responsible for their own safety and for the safety of other members of their course.

I am aware that ADK programs include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement

shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family. With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to RELEASE ADK and any of its employees, members, trip leaders, chapters, officers, directors, governors, or agents liability claims demands or any causes of action and agree NOT TO MAKE ANY CLAIM against ADK or any of its chapters, representatives or agents whatsoever which may arise during my participation in the program stated above.

RELEASE OF LIABILITY

I intend this **RELEASE OF LIABILITY** to be effective whether or not any loss, damage, 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, governors, trip leaders and/or members. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as the result of my own negligence and/or the negligence of 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 this program.

PHOTO RELEASE

I hereby give to and grant to the Adirondack Mountain Club, Inc., the unrestricted right and permission to use and publish any and all photographs and/or videos which its employees, assignees, licensee, or representatives may have taken of me for any purpose whatsoever, including (but not limited to) illustration, program promotion, publicity, and advertising.

I hereby release the Adirondack Mountain Club, Inc. from any and all claims and causes of action arising out of use of said photographs and/or videos of me, including any and all claims for libel.

I am over the age of eighteen. I have read the foregoing **ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY, & PHOTO RELEASE** and state that I fully understand the meaning of them.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW: **MUST SIGN BEFORE PARTICIPATING IN PROGRAM.**

I am the legal guardian of the above minor and have read the above and I hereby consent to the terms of the **ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY, and PHOTO RELEASE** on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of ADK on the terms stated.

SIGNATURE OF PARENT/ GUARDIAN _____ DATE _____

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Please provide complete answers to all questions.

GENERAL INFORMATION: Workshop Title: _____ Program Date: _____

Name: _____ Gender _____

Phone #: Day (____) _____ Evening (____) _____ e-mail _____

Address: _____

Street / PO Box

City

State

Zip

EMERGENCY CONTACT (Parent or guardian information if participant is under 18 years old):

Name: _____ Relationship: _____ e-mail _____

Phone #: Day (____) _____ Evening (____) _____ Cell/Page _____

Address: _____

Street / PO Box

City

State

Zip

INSURANCE COVERAGE: Participant is responsible for his/her own medical expenses. ADK requires that anyone participating in a program have their own medical coverage in the event that an injury occurs to the participant either before or after the program begins. The information requested below is for the **primary family policy holder**.

Insurance Company: _____ Insurance Company Phone #: (____) _____

Certificate/Policy ID #: _____ Group # (if applicable): _____

Address: _____

Street / PO Box

City

State

Zip

Name of Policy Holder: _____

Phone #: (____) _____ Place of Employment: _____

Address: _____

Street / PO Box

City

State

Zip

Physician/Primary Care Provider's Name: _____ Phone #: (____) _____

MEDICAL & PHYSICAL INFORMATION:

Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____ Date of last Tetanus Booster: _____

Vaccinated against COVID-19? Yes No **If yes, date of final dose/booster** _____ (ADK recommends within 10 years)

EXERCISE: Detail your current activity below -or- None

Activity

Frequency per week

Approximate Time/Distance

Intensity Level

Activity	Frequency per week	Approximate Time/Distance	Intensity Level

SWIMMING ABILITY: Cannot Swim Can swim 100 feet Can swim 500 feet Strong Swimmer

ALLERGIES: Please list all allergies including medicines, food, -or- No Allergies

bites, stings, shellfish, iodine, plants, and animals

Allergy

Reaction

Medication Required

MEDICATIONS: Please list all prescription and non- prescription -or- No Medications

medication you take and/or carry with you

Medication Condition Dosage (amount/frequency) Initiated (month/year) Side effects

DIETARY RESTRICTIONS: Please be specific (vegetarian, no red meat, vegan, lactose intolerant, food allergies, strong food dislikes, etc.) _____

PLEASE COMPLETE THE REVERSE SIDE >>>

HEALTH HISTORY: Please check the appropriate boxes, and respond to all questions below.

Yes No

- 1. Operations/Serious Injuries in the past five years?
- 2. Hospitalizations/Emergency Room visits in the past year?
- 3. Diabetes: Please note below if participant is insulin dependent.
- 4. Epilepsy or seizure disorder: If yes, date of last seizure: _____
- 5. Other past or current medical issues/illness/requirements?
- 6. Heart attack/By-pass surgery/Angioplasty/Angina/Unexplained fainting?
- 7. Other cardiac conditions, including heart murmur or irregular heartbeat?
- 8. High blood pressure, even if being treated with medication: If yes, list BP with date from last doctor's visit below.
- 9. Bone/Muscle/Joint injury?
- 10. Neck/Back/Knee/Shoulder/Ankle problems?

Yes No

- 11. Frostbite/Circulatory problems/Heat stroke?
- 12. Bleeding disorders, anemia?
- 13. Pregnant: If yes, what trimester? _____
- 14. Does participant smoke?
- 15. Asthma or other respiratory problems?

IF PARTICIPANT IS UNDER 18 YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

16. Has the participant had counseling with a psychiatrist/psychologist/counselor within the past two years? Yes No
If yes, is it currently ongoing? Yes No

Additional Emergency Contact (Other than parent or guardian listed on Page 1):

Name: _____ Relationship: _____ e-mail: _____

Phone #: Day (____) _____ Evening: (____) _____ Cell/Page: (____) _____

If any of the boxes above were checked yes, please provide a description including history, symptoms, hospitalizations, current status and any restrictions. Please refer to the number listed by the issue above, and attach additional pages as necessary. Be sure to detail any medications on Page 1.

Are there any physical or medical conditions not listed above which may affect or limit participation? Yes No

If yes, please explain (attach additional sheets as necessary) _____

PLEASE READ CAREFULLY:

- Please review this form to be certain you have completed every question. This complete medical form is required for participation in this ADK program.
- All information on this form is confidential. It is possible to complete many ADK programs with a variety of medical/psychological difficulties, but ADK must be aware of these conditions. Failure to disclose medical and health history information as requested could result in serious harm to you and participants in your program.
- The status of your participation will be determined after review of this form. In some cases further evaluation, possibly including consultation with your health care provider, may be necessary.

SIGNATURE REQUIRED

Consent is hereby given for the applicant to attend an Adirondack Mountain Club program. Permission is given for ADK staff, volunteers, representatives or contractors to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorize ADK staff, volunteers, or other medical personnel to render such treatment they consider necessary for my/my child's health and I agree to pay all costs associated with that care and transportation. I have read and understand both sides of this medical form and the information I have provided is, to the best of my knowledge, correct and complete.

Applicant's signature

Date

Signature of parent/guardian (if applicant is under 18 years old)

Date

Thank you for taking the time to carefully complete this form. Please call 518-523-3441 with any questions.

LEAVE NO TRACE CENTER FOR OUTDOOR ETHICS
COURSE PARTICIPANT ACKNOWLEDGMENT, ASSUMPTION OF RISKS,
RELEASE AND INDEMNITY AGREEMENT

For all Leave No Trace course participants: Please read this document carefully.

Leave No Trace Center for Outdoor Ethics ("the Center") is an educational non-profit dedicated to the responsible enjoyment and active stewardship of the outdoors by all people worldwide, focusing its education efforts on ways for human powered recreational visitors to reduce their impacts on the natural area and the experience of other visitors, by developing and distributing educational curriculum and materials. The Center does not teach, oversee or conduct specific courses, but provides other organizations and individuals trained as Master Educators or Trainers with the materials to teach the Center's curriculum. The Center has no control over course content; course conduct; scheduling; training of Master Educators, Trainers, or the quality of their training or expertise, other than courses taught by Center staff. The Center does not control their conduct, and does not warrant or guarantee the quality or expertise of any course or individual instructor.

The Center welcomes your interest in and devotion to the Leave No Trace program. The role of the Center is to provide educational curriculum to Master Educators and Trainers. Likewise, the Center is available as a resource for you as you go forth and spread the Leave No Trace word. If you have questions or concerns about Leave No Trace, vis-a-vis your course, please feel free to contact the Center at the number below. Thanks again for your interest in promoting Leave No Trace. 800.332.4100; www.LNT.org.

Participants are advised to independently review and examine the qualifications of individuals or organizations providing Leave No Trace courses.

Course Participants – Release, Acknowledgment & Assumption of Risks

In consideration for being allowed to participate in the training courses, the undersigned hereby agrees to release, indemnify, and discharge Leave No Trace Center for Outdoor Ethics, and its respective members, participants, volunteers, agents, employees, subcontractors, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "the Center") on behalf of the undersigned, his or her spouse, children, parents, siblings, heirs, assigns, personal representative and estate as follows:

1. Leave No Trace courses provide participants with information and techniques so that they can engage in minimum-impact outdoor ethics and principles. Those who successfully complete a Leave No Trace course can then teach others about outdoor ethics. Leave No Trace courses focus on outdoor ethics but Leave No Trace courses do not teach traditional outdoor skills such as mountain climbing, river crossings, camping backpacking, horse packing, rafting, etc. However, some Leave No Trace courses must be taught in an outdoor or wilderness setting. Activities vary, but can include hiking, camping, rafting and horseback riding and students should have basic outdoor skills before attending a course.

2. As the Center has no control over the actual course(s) being taught (other than courses taught by Center staff), the Center cannot know of the specific dangers that may be associated with the course(s). However, these activities necessarily include inherent and other risks, hazards and dangers which may result in hypothermia, dehydration, frostbite, drowning, falling, high altitude sickness, colliding with objects or people, heart or lung problems, broken bones, burns, property damage, illness, physical or emotional trauma, or other injury, disability, damage, death, or loss. The following are some, but not all, of the most common risks, hazards and dangers that may be associated with any course(s):

a. Risks present in an outdoor environment. These risks include travel in mountainous or wilderness terrain, both on and off trails. While traveling in these areas, hazards may not be marked, weather is unpredictable year around, and lightning, rapidly moving rivers/whitewater, falling rocks, snow and ice, high altitudes, avalanche dangers, fallen timber, stinging insects, wild animals, and hazardous plant life;

b. Risks involved in horseback riding. Horses (including donkeys or mules) are unpredictable in all circumstances, can react to the environment, and the conduct of other riders and persons. Equipment may break, saddles may slip, and other riders may not control their animals;

c. Risks connected with cooking and camping chores. While camping, participants may cook over a gas stove or an open fire and are subject to the risk of gas explosion or burns. Participants may need to disinfect water before use;

d. Risks in staff decision making and conduct. Master Educators and Trainers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities.

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They may give incomplete warnings or instructions, they could misjudge the weather, terrain, water level, or route location.

Each participant should question the individual instructor(s) of the course to learn the associated risks and safety precautions employed;

e. Risks associated with travel. Travel may be on foot, or by vehicle, boat or other means, and may be over difficult terrain or via lakes and rivers, in adverse weather conditions;

f. Risks connected with geographic location. Remote locations may create difficulties in communication and transportation and delays in evacuation and medical care;

g. Risks regarding equipment. Equipment used in an activity may break, fail or malfunction;

h. Risks regarding conduct. It is possible that you, other participants or third parties (e.g. driver, rescue squad, hospital) may act negligently or recklessly.

3. By voluntarily agreeing to participate, you assume and accept full responsibility for yourself, for the inherent and other risks of these activities (both known and unknown), and for any injury, damage, death, or other loss you may suffer, resulting from such risks and resulting from your own, and other's, negligence or other misconduct.

4. THEREFORE, YOU VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE CENTER, and pay all damages, judgments or amounts, expenses, including all costs of defense and/or costs of enforcing this agreement, including attorney's fees and costs, incurred by the Center related to such lawsuits, claims, demands, or causes of action, which are in any way connected with your participation in this activity or your use of the Center's equipment or facilities, **INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF THE CENTER.**

5. You certify that you have adequate insurance to cover any injury or damage you may cause or suffer while participating, or else you agree to bear the costs of such injury or damage yourself. You further certify that you are willing to assume the risk of any medical or physical condition you may have. You hereby authorize the Center, or anyone acting on its behalf, to seek medical treatment for you if you are unable to request it for yourself.

6. In the event that you file a lawsuit against the Center, you agree to do so solely in the state of Colorado, and you further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules of that state. You agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. You consent to having any photograph of yourself or your family members used, published or sold (without compensation to you or them) by the Center.

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING YOUR PARTICIPATION IN ANY LEAVE NO TRACE COURSE, YOU MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED YOUR RIGHT TO MAINTAIN A LAWSUIT AGAINST THE CENTER ON THE BASIS OF ANY CLAIM FROM WHICH YOU HAVE RELEASED THE CENTER HEREIN. YOU HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, YOU HAVE READ AND UNDERSTOOD IT, AND YOU AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant _____ Print Name _____

Address _____

Telephone Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of (print minor's name) (the "Minor") being permitted by the Center to participate in its activities and to use its equipment and facilities, you warrant that you are the parent or guardian of the Minor and that you have the authority to make decisions as to the Minor's participation in recreational activities, You further agree to indemnify and hold harmless the Center from any and all claims which are brought by, or on behalf of the Minor, and which are in any way connected with such use or participation by the Minor. **YOU HEREBY CONSENT TO THE MINOR PARTICIPATING IN THE TRIP, AND YOU UNDERSTAND AND AGREE THAT ALL OF THE TERMS OF THIS AGREEMENT SHALL APPLY EQUALLY TO BOTH YOU AND THE MINOR.**

Parent or Guardian _____ Print Name _____

Address _____

Telephone Phone _____ Date _____