

AMC Outdoors Rx – Staff Led Activities

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AGREEMENT

Date:

Leader:

Activity:

PLEASE READ THIS ENTIRE DOCUMENT (hereafter 'Document') CAREFULLY BEFORE SIGNING. All participants must sign this Document. For participants under 18 yrs. of age (hereafter sometimes 'minor' or 'child'), parent/s or legal guardian/s (hereafter collectively 'parent/s') must also sign. In consideration of the services of the Appalachian Mountain Club, Inc., a charitable, not-for-profit corporation, organized and existing under the laws of Massachusetts, including all officers, directors, employees, volunteers and all other persons or entities associated with it (collectively referred to in this Document as 'AMC'), I (participant and parent/s of a minor participant) acknowledge and agree as follows:

AMC instructional, educational and/or adventure activities may include, but are not limited to hiking, group games, and other recreational activities (referred to in this Document as 'activities' or 'these activities'). In all activities, all participants share in the responsibility for their own safety and the safety of the group. Participants (and parent's of minors) take responsibility for having appropriate skills, physical conditioning, equipment and supplies for these activities.

These activities include inherent and other risks, hazards and dangers (referred to in this Document as 'risks') that can cause or lead to injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others. Some, but not all of these risks include: hazardous and unpredictable ground, water or weather conditions; misjudgments made by leaders, participants or others. I understand that AMC cannot assure participant's safety or eliminate any of these risks. Participant is voluntarily participating with knowledge of the risks and assume and accept full responsibility for the inherent and other risks (both known and unknown) of these activities, and for any injury, damage, death suffered by participant, resulting from those risks.

I (adult participant, and/or Parent/s for themselves and for and on behalf of their participating minor child) agree to release and not to sue AMC in regard to any and all claims, liabilities, suits, or expenses (including reasonable costs and attorneys' fees) (hereafter collectively 'claim' or 'claim/s'), including claim/s resulting from AMC's negligence (but not its gross negligence or intentional or reckless misconduct). I understand I agree here to waive all claim/s I or my child may have against AMC, and agree that neither I, my child, or anyone acting on my or my child's behalf, will make a claim against AMC.

I (participant and parent/s of a minor participant) agree that the substantive laws of Massachusetts govern this Document and all other aspects of my relationship with AMC. Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

**PARTICIPANT AND PARENT/S OF A MINOR PARTICIPANT AGREE:** I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS DOCUMENT AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE. Parent/s must sign below, both in their capacity as a participant, and as Parent/s of any minor child identified below.

CHECK IF UNDER 18	PARTICIPANT NAMES (FIRST AND LAST)
Emergency contact:	Emergency contact Phone no.:
Parent/Guardian signature	Date

# Outdoors Rx SIGN-IN FORM

(Please Print)

## ATTENDEE INFORMATION

Street address:		Phone no.: (    )	
City:	ZIP code:	Email:	
Is this your first Outdoors Rx program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an AMC member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child(ren) received a prescription to attend:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medical prescriber:	
Please keep me informed of upcoming programs by: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Facebook			
I heard about Outdoors Rx from: <input type="checkbox"/> Doctor's office <input type="checkbox"/> Library <input type="checkbox"/> Facebook <input type="checkbox"/> Internet Search <input type="checkbox"/> Friend <input type="checkbox"/> Fitness in the City <input type="checkbox"/> Other: _____			

## PHOTO RELEASE

This form is for participants to indicate whether or not they will allow the Appalachian Mountain Club (AMC) to use photos taken on this activity. While we very much appreciate participants signing this release, doing so is not required in order to participate.

I hereby authorize the Appalachian Mountain Club (AMC) and/or parties designated by the AMC (including periodicals, other printed matter, or electronic media, and their editors) to use my photograph for sale to or reproduction in any medium the AMC or its designees see fit for the purposes of advertising, display, exhibition, or editorial use.

I do not want my photo or my child(ren)'s photo to be used.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*