

ADIRONDACK LAKES & TRAILS OUTFITTERS

**541 LAKE FLOWER AVENUE
SARANAC LAKE, New York 12983**

Please read the assumption of risk and release of liability BEFORE signing it. If you do not understand any part of it or have any questions, please ask a staff member for assistance.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in any of the programs, activities and related events of Adirondack Lakes & Trails Outfitters, Inc., I/we the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program, activity or event is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I AND/or any children or persons in my care knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for myself and /or any children or persons in my care.
3. I and/or any children or persons in my care, willingly agree and comply with the stated and customary terms and conditions for participation. If, however, I and/or any children or persons in my care observe any unusual significant hazard during my/our presence or participation, I and/or any children or persons in my care will remove myself/ourselves from participation and bring such to the attention of Adirondack Lakes & Trails Outfitters, Inc. immediately; and
4. I, for myself and/or any children or persons in my care and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release , indemnify and hold harmless Adirondack Lakes & Trails Outfitters, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises or equipment used for the activity (“Releasees”), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I AND/OR ANY CHILDREN OR PERSONS IN MY CARE HAVE READ THIS RELEASE OF LIABILITY AND ASUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND/OR ANY CHILDREN OR PERSONS IN MY CARE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant	Print Name	Date
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Address	City	State	Zip Code
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Parent or guardian signing for minor - print minor’s name and sign on line opposite.

Minor’s Name (Please Print)	Age	Signature of Parent or Legal Guardian of Minor
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