DAY HIKES RELEASE

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions please ask us or consult an attorney.

St. Lawrence University has done everything possible to assure that our guests experience a rewarding experience. We wish to inform our guests that DAY HIKING is not risk free. The same elements that contribute to the unique character and fun of DAY HIKING, such as the physical exertion or the RISK, can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect and to be informed of some of the possible risks. We ask that you read this, sign it, and return it to our office.

ACKNOWLEDGMENT OF RISK

Any time you are hiking there are potential risks which you need to understand. This is particularly true if you are from an urban environment and are not used to the changes in the terrain, environment and conditions of the hiking area.

The most important thing to remember is to be prepared in advance. You will need plenty of water, rain gear, sun protection and good hiking shoes. Whenever you are hiking you will be crossing uneven terrain, stepping on unstable rocks or crossing streams. Footing will be unstable and difficult. You can slip and fall while hiking. The trails that you will be traversing may be next to cliffs or dangerous. You may be hiking up and down hills.

You will be in the country where animals, dangerous plants and insects are present. Any animal you encounter in the wilderness is dangerous. Plants can be poisonous to the touch and more so if ingested. Leave all plants, insects and animals alone and in peace. Water in the wilderness may also be dangerous if consumed. Do not drink any water unless it has been purified or treated. Washing your hands before eating or after performing bodily functions is critical toward maintaining good health.

It is also possible that some participants would suffer mental anguish or trauma from the experience or their injuries.

This list is not an exclusive or exhaustive list of possible injuries, trauma or accidents that may occur while DAY HIKING. Most of these injuries are rare and you are not likely to encounter them, however they have occurred and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are using drugs or alcohol or not physically able to undertake the activity.

I certify that my family, including minor children and myself are fully capable of participating in a DAY HIKING program. I state that I have read the above statement on some of the possible risks in this activity. Therefore, I assume full responsibility for myself, my family, including minor children, for bodily injury, death and loss of personal property and any expenses as a result of my negligence, negligence of my family, or the negligence of St. Lawrence University. I also understand that St. Lawrence University reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in DAY HIKING. My family and I are in good physical condition and able to undertake this activity.
CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I agree to indemnify and hold harmless St. Lawrence University, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from my families or my participation in these activities. I further agree to release, acquit and covenant not to sue St. Lawrence University, their agents and employees for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of St. Lawrence University or my family, myself, or my heirs, against St. Lawrence University arising out of participation in this program. In short, I cannot sue St. Lawrence University and if I do I cannot collect any money.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be New York State and governed by New York State law. The terms of this agreement shall continue and be in effect after that Day Hiking trip has ended.

As liquidated damages, I hereby agree that if St. Lawrence University is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay St. Lawrence University's costs and attorney fees if they successfully defend such action, lawsuit or litigation.

Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

I authorize and release to St. Lawrence University the use of my image in any photograph or video recording for any purpose of St. Lawrence University.

I have adequate health, disability and life insurance for my family and myself.

I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified guide or medical personnel to render necessary emergency medical care for my family or myself.

I, ________________________________, of my own free will, for my family, my minor children, my executors and myself, have read, understand and acknowledge the risks and liability for myself, and my family this Date:_________________________________________.

☐ By checking this box, I indicate that my family and I have previous Hiking experience.

☐ No one in my family or I have any medical condition that would prevent our participation in this activity except: ________________________________

Participant Signature                  Participant Signature

Printed Name                          Printed Name

Address                               Address

Phone                                 Phone

In case of emergency please contact: ______________________________________
Phone: ______________________________

I carry medical insurance? Yes _____ No _____ Group No.____________________
Name or Provider: ________________________________