

HAMILTON COLLEGE
ADIRONDACK ADVENTURE
ASSUMPTION OF RISK
RELEASE OF LIABILITY
PERSONAL RESPONSIBILITY STATEMENT

I have read all of the information supplied by Hamilton College concerning Adirondack Adventure, the new student wilderness orientation program to be conducted in the Adirondacks of New York State and Vermont.

I understand that parts of the Adirondack Adventure Program may be physically or emotionally demanding. The activities include but are not limited to: transportation by bus, van, car and/or boat, warm-ups, games, group initiative problems, high and low challenge ropes course elements, canoeing, sea kayaking, hiking, backpacking, mountain biking, rockclimbing, rappelling, swimming, camping, and other rigorous physical activities. I recognize the inherent risk of injury or disability in these activities. I understand that each participant must assume the risk of physical injury that could result. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition.

I am aware that, although the program administrators will take care to ensure reasonable safety precautions, risks exist nonetheless. I release and hold harmless Hamilton College its employees and agents, SUNY College at Cortland, Camp Echo Lake, the Adirondack Center, Raquette Lake camps, and their employees, from all liability for personal injury and/or loss or damage to personal property as a result of my participation in the Adirondack Adventure program. I will provide personal medical insurance coverage for such injuries that arise, except in cases of negligence by the college. I give permission to be treated by a qualified staff member or physician. I further agree that program staff shall be held harmless from and indemnified against any accident or injury to me.

In addition, I will not use any nonprescribed drugs, alcohol or tobacco products while participating in this program. I will not swim or canoe at night or unsupervised. I agree to comply with the instructions and directions of Hamilton College staff members during the program.

I acknowledge my responsibilities as stated above and will accept dismissal from the program at any time if found to be in violation of any of the aforementioned responsibilities. Parents will be responsible for transportation costs incurred as a result of dismissal. I agree to forfeit any refund if dismissed from the program.

Parent/Guardian's signature
(if student is under 21)

Print Parent's name

Student's signature

Print Student's name

Date

Please return this form by July 12, 2000 to:

Adirondack Adventure, Hamilton College, 198 College Hill Road, Clinton, NY, 13323
Fax: (315) 859-4077