

Activity: _____ Leader(s): _____ Trip Date(s): _____

Page ____ of ____

ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISKS, AND RELEASE AGREEMENT FOR FRIENDS OF WILLARD BROOK VOLUNTEER-LED ACTIVITIES

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. In consideration of the services of the Friends of Willard Brook, a charitable, not-for-profit corporation, organized and existing under the laws of Massachusetts, and its chapters, including all officers, employees, representatives, volunteers (including leaders and co-leaders), members and all other persons or entities associated with it (collectively referred to in this Document as 'FOWB'), **I acknowledge and agree as follows:**

FOWB volunteer-led educational and/or recreational activities may include, but are not limited to hiking, backpacking, camping, biking, skiing, maintenance of trails and facilities, mountaineering, rock and ice climbing, canoeing, kayaking, use of FOWB facilities and transportation or travel to and from activities (referred to in this Document as 'activities' or 'these activities'). **The leaders of these activities are volunteers. They are not paid professional guides or leaders. In all activities, all participants share in the responsibility for their own safety and the safety of the group.** I take responsibility for having appropriate skills, physical conditioning, equipment and supplies for these activities for myself and for any minor children I brought to this event.

These activities include inherent and other risks, hazards and dangers 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, hazards and dangers include: hazardous and unpredictable ground, water or weather conditions; misjudgments made by leaders, co-leaders, participants or others; travel in remote areas that can cause delays in transportation, evacuation and medical care; equipment that can fail or malfunction; the potential that the participant or others (e.g. co-participant, driver, medical and rescue personnel) may act carelessly or recklessly. I understand that FOWB staff, leaders or other personnel cannot assure participant's safety or eliminate these risks. **I am voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for the inherent and other risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by me, and any minor children brought by me to the event, resulting from those risks.**

I agree to release and not to sue FOWB (as FOWB is defined above) in regard to all claims, liabilities, suits, or expenses (hereafter collectively 'claim' or 'claims'), **including claims caused or alleged to be caused by the negligence of FOWB (but not its gross negligence or intentional or reckless misconduct),** for any injury, damage, death or other loss to me in any way connected with my participation in these activities, or my use of FOWB equipment or facilities. **I understand I agree here to waive all claims I may have against FOWB,** and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against FOWB. **I agree** that the substantive laws of Massachusetts govern this Document and all other aspects of my relationship with FOWB, and that any mediation, suit, or other proceeding must be filed or entered into only in Massachusetts. **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.**

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.

	Name (please print)	Signature	Date	Town of Residence	Emergency Contact Phone Number
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