

**ADIRONDACK COMMUNITY COLLEGE ADVENTURE SPORTS PROGRAM
ASSUMPTION OF RISK AND INSURANCE CERTIFICATION**

Many recreational activities and outdoor adventure programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Adirondack Community College does not warrant or guarantee in any respect the safety or health of any individual participant in any outdoor program or recreational activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary outdoor programs or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

**ADIRONDACK COMMUNITY COLLEGE ADVENTURE SPORTS PROGRAM
RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

The undersigned hereby acknowledges that participation in outdoor adventure programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Adirondack Community College (the "Institution") allowing the undersigned to participate in voluntary recreational programs or outdoor activities in connection there with, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge Adirondack Community College and the Board of Regents of the State University of New York, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such outdoor programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue Adirondack Community College, the Board of Regents of the State University of New York, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or outdoor activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the State University of New York or any member, officer, agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in outdoor adventure programs or recreational activities offered by the Institution. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution.

I certify that I am 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

Date: _____ **Lead Facilitator:** _____

Print Name: _____ **Signature:** _____

Address: _____

Phone: _____

Signature of parent/guardian (if under 18): _____