



Volunteer Vacations 2013

Assumption of Risk and Release

By signing below, I acknowledge that I understand that during my participation in this Volunteer Vacation Trip, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each Trip and cannot be eliminated without destroying the unique character of the Trip. These inherent risks and hazards may result in loss, damage, injury or death.

With full knowledge of these dangers, I hereby agree for myself, all of my family and heirs, to **RELEASE American Hiking Society** and any of its employees, members, trip leaders, chapters, groups, representatives or agents from liability, claims, demands or any causes of action, and **NOT TO USE OR OTHERWISE MAKE ANY CLAIM against American Hiking Society** or any of its member groups, representatives or agents whatsoever which may arise during my participation in any activities of American Hiking Society.

To the extent allowed by law, I intend this **RELEASE OF LIABILITY** to be effective whether or not any loss, damage, injury or death results from negligence of American Hiking Society or any of its agents, leaders, instructors, guides, officers, directors, or representatives. I understand that negligence means a failure to do an act which a reasonable, careful person would do, or the doing of an act which a reasonable, careful person would not do, under the same or similar circumstances, to protect himself, herself or others from injury or death.

I assume the risk and full responsibility for any personal injuries, including injuries resulting in death, which might occur, even if caused by the negligence or lack of care of American Hiking Society, its employees, members, trip leaders, member groups, representatives or agents. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities of American Hiking Society.

I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and hazards and notwithstanding such risks, I agree to participate in the Trip.

VOLUNTEER VACATION TRIP LOCATION: _____

PARTICIPANT'S NAME: _____ (please print)

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST ALSO READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above **RELEASE**. I hereby consent to the terms of the **RELEASE** on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of American Hiking Society on the terms stated.

GUARDIAN'S NAME: _____ (please print)

GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Photo Release

I hereby grant American Hiking Society the right to utilize photographs taken by me or of me participating in the above activity/trip for the purpose of promotion and advertising. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. In addition, I request no compensation, financial or otherwise, for photographs that American Hiking Society takes and utilizes.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

Please complete and return this form to:
Fax: (301) 565-6714

American Hiking Society, c/o Volunteer Vacations Program, 1422 Fenwick Lane, Silver Spring, MD 20910