

# Interstate Hiking Club

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Leader: \_\_\_\_\_ Level: \_\_\_\_\_

## MEMBERS WAIVER AND RELEASE

I, the undersigned, in return for the opportunity to participate in the activity, certify that I am fully capable of participating in this activity. I am familiar with and recognize the risks associated with my participation in this activity and freely and voluntarily consent to assume those risks.

I do hereby release the activity leader(s) and all officers of the **Interstate Hiking Club**, and except for intentional torts or acts of gross negligence, from any and all responsibility or liability of any nature, kind and description whatsoever, and from any claims or causes of action for damages to or loss of personal property or from personal injuries sustained by me arising out of, directly or indirectly, in any manner whatsoever, from or on account of my participation in this activity, and I agree not to submit any claim or bring any suit, proceeding or course of action against the leader(s), the **Interstate Hiking Club**, and except for intentional torts or acts of gross negligence, their members, servants, agents and other persons directly or indirectly affiliated or associated with them, which arises out of my participation in this activity.

I agree to indemnify and hold harmless the leader(s) of the **Interstate Hiking Club**, and their members, servants, agents and other persons directly or indirectly affiliated or associated with them, from any claims of law suits or courses of action which in whole or in part arises of my negligent or intentional acts during my participation in this activity.

I have read the waiver above, and sign it voluntarily and without reservation.

**Signature must be legible to receive credit for an activity.**

**MEMBERS SIGN HERE:**

**(NON-MEMBERS SIGN ON REVERSE SIDE)**

1 _____	13 _____	25 _____
2 _____	14 _____	26 _____
3 _____	15 _____	27 _____
4 _____	16 _____	28 _____
5 _____	17 _____	29 _____
6 _____	18 _____	30 _____
7 _____	19 _____	31 _____
8 _____	20 _____	32 _____
9 _____	21 _____	33 _____
10 _____	22 _____	34 _____
11 _____	23 _____	35 _____
12 _____	24 _____	36 _____

**Forward this report to the secretary:** Marguerite LaCorte, 33 Morris Ave.,  
P.O. Box 52, Mt. Tabor, NJ 07878-0052

**NON-MEMBERS**

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I have read the waiver above, and sign it voluntarily and without reservation.

**SIGN YOUR NAME, PRINT YOUR NAME & COMPLETE ADDRESS:**

1 \_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
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6 \_\_\_\_\_  
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7 \_\_\_\_\_  
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