Eppson Center for Seniors
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EPPSON CENTER FOR SENIORS

Seniors On The Go (SOTG)

Release, Assumption of Risk & Agreement to Hold Harmless

I, _____

(Print Name)

am participating in hiking activities with the Seniors On The Go (SOTG) through the Eppson Center for Seniors. I recognize that hiking involves physical activity including, but not limited to, muscle strength, endurance, and balance.

_____ VOLUNTARY PARTICIPATION

Initial

I hereby affirm that I am in good physical condition and do not suffer any known disability or condition which would prevent my participation in hiking activities. I acknowledge that my enrollment and subsequent participation in hiking activities is purely voluntary.

_____ DANGEROUS ACTIVITY

Initial

I am aware that participating in SOTG hiking activities may be a dangerous activity involving A RISK OF INJURY ranging from minor injury such as scrapes, bruises or blisters and serious injuries such as paralysis or even death. I am aware that such an injury can limit my future life activities, including future earning capacity. Because of the potential dangers and risks, I recognize the importance of following instructions that may be provided, staying with the group, and following all directions given.

_____ FITNESS FOR PARTICIPATION

Initial

I agree that it is solely my responsibility to ensure that my health is adequate, that my capabilities are sufficient to participate in this activity, and I have not been advised by a qualified medical person that I cannot participate. I hereby assume all of the risks of participating in this activity. I understand and agree that the Eppson Center for Seniors assumes no responsibility for injury, damage or cost which might arise out of or in connection with my hiking activities with the SOTG.

_____ PHOTO RELEASE

Initial

I hereby irrevocably give my permission for the Eppson Center for Seniors and Seniors On The Go to copyright and/or publish, reproduce, or otherwise use my name, voice and likeness and/or written material, photographs, motion pictures, and audio-visual, magnetic recordings about or by me for instruction, art, advertising, trade or any other lawful purpose.

_____ RELEASE AND ASSUMPTION OF RISK

Initial

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) Waive, release and discharge from any and all liability from my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from any hiking event the following entities or persons: The Eppson Center, Seniors On The Go, Individual members of Seniors On The Go, their officers, directors, employees, volunteers, representatives, and agents.

B) Indemnify and hold harmless the entities or persons mentioned in this consent and waiver from any and all liabilities or claims made by other individuals or entities as a result of my or any actions during my participation.

C) I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my

participation, with the understanding that every effort will be made to contact emergency assistance if necessary and with the understanding that contacting emergency assistance may be impossible giving the remote locations of most of the hiking activities. In such an event, I shall be solely responsible for all medical expenses associated with the medical care.

D) The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its contents.

Dated this _____day of, _____ 202__.

Printed Name: _____ Signature: _____

Address: _____ Phone: _____