

Audubon Society of New Hampshire Assumption of Risk and Release of Liability

The mission of the Audubon Society of New Hampshire as it relate to Outdoor Ventures Adult programs (a joint venture of the Audubon Society of NH and Prime Time of Catholic Medical Center) is to provide a wide range of outdoor adventure opportunities to adults over 50 (also including adults 40-50) in a supportive, comfortable environment that encourages physical fitness, social interaction, and skill development while enhancing overall health and well-being.

Activities may include hiking, canoeing, kayaking, orienteering, snowshoeing, and cross country skiing. These activities may be exciting, challenging, physically and mentally demanding, and hazardous.

The Audubon Society of New Hampshire has taken precautions to provide qualified instructors and proper instruction. You will be supervised in all activities and will receive instruction in up to date safety practices and techniques. It is your responsibility to learn and use the techniques taught and follow the guidelines of the instructor.

It is impossible, however, to guarantee absolute safety. While it is the aim of the Audubon Society of New Hampshire and their instructors to provide you with an enjoyable experience, you must realize that there is a degree of risk and personal responsibility of safety when you participate in Outdoor Ventures programs.

By consenting to participation, you assume all risks incidental to the activity, including but not limited to the possibility of orthopedic injuries, hypothermia/frostbite, drowning, concussions, heart attacks, heat exhaustion, and death.

Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in you participation in Audubon Society of New Hampshire/Outdoor Ventures adult programs. You agree to assume all risks and responsibilities in the program, and for yourself and your heirs to release and hold harmless Audubon Society of New Hampshire and Catholic Medical Center, their officers and employees, from all claims and legal actions, whether for property damage, physical injury, or otherwise arising from you participation in the program.

Please confirm with your signature that you have read this information, that you understand your responsibility as a participant, and that you assume the entire risks incidental to the program. You sign nature confirms that you agree to follow instructions and directions given by your instructor, and that you will act with good judgment.

Name: _____ Date: _____

Signature: _____