



ACKNOWLEDGEMENT OF RISK AND RELEASE

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME/CELL PHONE: _____

NAME & ADDRESS OF PARENT OR GUARDIAN (UNDER 18 YEARS OF AGE)

I (“Releasor”), the undersigned, being at least 18 years of age, in consideration of being permitted to participate in the _____ (hereinafter “Event”), do for myself and my heirs, executors, administrators and assigns, hereby release and forever discharge the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, its officers, employees, agents, sponsors and their representatives, their heirs, administrators, and executors (hereinafter “Releasees”) of and from any and every claim, demand, action or right of action, of whatsoever kind or nature either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting from, occasioned by, arising out of, or occurring as a result of my participation in the Event, or in any activities in connection with the Event.

I am familiar with and acknowledge the risks associated with participation in the Event in which I have elected to participate. I attest that that I am sufficiently physically fit to participate in the Event and that I have not been advised otherwise by qualified medical personnel. I assume full responsibility for any injuries or damages which may occur during the course of the Event.

By signing this release, I am in no way releasing Releasees for damages caused by their own negligent act or omission. However, if I am injured and it is later determined by a court of competent jurisdiction that my injuries were not the result, either in whole or in part of any negligent act or omission on the part of Releasees, I agree to compensate Releasees or their insurers for any costs associated with the defense of such claim.

I hereby authorize any first aid and/or medical treatment deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Event in any manner incidental to my participation in the Event and without compensation to me.

I hereby attest that the information I have provided in the registration process is true and accurate to the best of my knowledge. I understand that should any of this information be shown to be inaccurate, the administrators of the Event have the right to remove me from participating.

Releasor agrees that this release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full force and effect.

By providing my signature below, I have carefully read the above waivers and release and agree to their content. I sign this release as my own free act.

Signature of Releasor

Date

Parent or Legal Guardian Release for Applicants Under 18 Years of Age

I am the Parent and/or Legal Guardian of the minor child/children name as follows:

By signing below, I agree to allow my child/Children to participate in the Event described above. I further attest that I have reviewed all information provided to my child/children and/or provided by the Event organizer(s) throughout the registration process. On behalf of myself and my child/children, I agree to the Waivers and Releases stated above. To the best of my knowledge, the information I have provided to the Event organizer(s), including, information about my child/children is true and accurate. I understand that should any of this information be proven false, the administrators of the Event have the right to remove my child from participation.

Signature of Parent or Legal Guardian

Date