

Blair Academy

Release

I fully understand that participation in the ***Guided Hike*** involves risks and dangers of serious bodily injury, including but not limited to, permanent disability, concussions, paralysis and death. While particular rules, equipment, and personal behavior may reduce the likelihood of injury, the risks and dangers of bodily injury still remain. I knowingly and freely assume all risks, both known and unknown, associated with the ***Guided Hike***, including but not limited to, bodily injuries and damage and loss of property, for myself. In consideration for the privilege of voluntarily participating in the ***Guided Hike*** at Blair Academy, sponsored by Blair Academy on ***Saturday, August 14, 2021***, I hereby assume all responsibility for damage to or destruction of the premises and further agree to indemnify, defend and hold harmless Blair Academy and its officers, employees, and Trustees (individually and collectively, "the Releasees"), from any and all losses, including (without limitation), to all claims and expenses (including attorney fees) for personal injury, sickness, disease including death resulting there from to persons or damage to property arising out of my participation in the ***Guided Hike***.

I forever release, acquit, discharge, covenant to hold harmless and covenant not to sue Releasees from any and all claims, suits, liabilities, actions and causes of action, including but not limited to, any negligence of Releasees, which I, or my heirs, legal representatives, successors, conservators, and assigns may have, now or in the future, which arise directly or indirectly out of my participation in the

I hereby agree to indemnify Releasees from and against any and all demands, claims, suits, actions, causes of action, including but not limited to, any negligence on the part of Releasees, and liabilities, including attorneys' fees, resulting directly or indirectly from my participation in the

In the event of an accident or other emergency, I understand that the Academy or its employees or representatives will, to the extent possible, consult with me concerning the reasons for and effects of all such care. I hereby authorize a representative of the Academy to permit commencement of medical treatment or hospital care (including necessary transportation) when, in the professional judgment of the physicians, dentists or other medical personnel involved, such treatment is medically necessary, even if I have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician, dentist or other medical personnel that the treatment or care rendered was medically necessary to protect my life, health or mental well-being. I also agree to pay and be personally responsible for any expense or charge incurred in obtaining such medical attention or treatment.

I, the undersigned, have read the entirety of this Form and I have satisfied myself that I

understand what it means. I hereby expressly agree that the provisions contained in this Form are intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that if any portion hereof is held invalid or unenforceable, I agree that the balance shall continue in full legal force and effect.

By signing below, I acknowledge that this Form contains a release, indemnification and assumption of risk to which I will be bound and that I have read, understood, and accepted the conditions of the release, indemnification and assumption of risk.

Signature

Date

(PRINT NAME)