

Release of Liability

RELEASE OF LIABILITY AGREEMENT NOT TO SUE INDEMNITY AGREEMENT CONSENT TO MEDICAL TREATMENT YOU ARE GIVING UP IMPORTANT LEGAL RIGHTS READ THIS AGREEMENT CAREFULLY BEFORE CLICKING THAT YOU HAVE READ AND AGREE WITH ITS TERMS.

RISK OF INJURY OR DEATH TO ME

I AM AWARE THAT MOUNTAINEERING SPORTS (INCLUDING ROCK CLIMBING, MOUNTAINEERING, SNOW AND ICE CLIMBING AND SKI MOUNTAINEERING) ARE HAZARDOUS ACTIVITIES. I WISH TO PARTICIPATE AND/OR RECEIVE INSTRUCTION IN THESE ACTIVITIES WITH THE MOUNTAINEERING SECTION OF THE POTOMAC APPALACHIAN TRAIL CLUB (PATC-MS) (aka; Potomac Mountain Club) WITH THE FULL KNOWLEDGE OF THE DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH THAT MAY OCCUR. I understand that lead climbing creates substantial additional dangers, especially to the lead climber of the roped team. I am aware that when leading a climb I will often be out of view of the other person(s) on the rope. I further am aware that my safety as a leader depends greatly upon the quality of protection I place and that other person(s) on the rope are almost never able to evaluate the quality of such protection as I am climbing. I understand that as a leader, I alone make the final decision on what route, if any, I will climb. I understand that as a lead climber my own safety depends upon my own use of good judgment and that the experience of the other person(s) on the rope is never a substitute for my own sound judgment about where, when and how to climb.

GIVING UP MY LEGAL RIGHTS

By clicking "I have read the liability waiver", I agree to give up certain legal rights which I may have in the event I become injured or killed participating or receiving instruction in mountaineering sports with the PATC, PATC-MS and PMC. I am giving up my legal rights against the **PATC, PATC-MS** and **PMC** as well as against all of the PATC, PATC-MS and PMC's leaders, instructors, rope leaders, members, agents, officers, directors, employees and contractors. As used in this Agreement, the word "PATC-MS" will mean the Potomac Appalachian Trail Club, the Mountaineering Section of the Potomac Appalachian Trail Club, Potomac Mountain Club and all of their leaders, instructors, members, agents, officers, directors, employees and contractors.

MY PROMISE NOT TO SUE

I agree that I will not sue, or otherwise make any claim against the **PATC, PATC-MS** and **PMC** for injury, death or damage to me in the course of my participation or instruction in mountaineering sports, in any way resulting from the negligence or other acts, however caused, of the **PATC, PATC-MS** and **PMC**.

MY RELEASE OF LIABILITY

I also agree to release and discharge the **PATC, PATC-MS** and **PMC** from all actions, claims, or demands, both for myself and or my heirs or personal representatives, for injury, death or damage to me in the course of my participation or instruction in mountaineering sports, in any way resulting from the negligence or other acts, however caused, of the **PATC, PATC-MS** and **PMC**.

MY CONSENT TO MEDICAL TREATMENT

I consent to any hospital care or medical or surgical diagnosis or treatment to be rendered to me, or to persons or members of my family who accompany me, as found advisable, of any injuries that may arise from participation in activities with the PATC, PATC-MS and PMC. I also understand and agree that I am solely responsible for any applicable charges for such medical services. All of the terms of this Agreement are binding upon me, my relatives, heirs and personal representatives. The terms of this agreement shall also be binding upon any persons or members of my family, including minors who may accompany me. I am over the age of eighteen (18) years of age.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A BINDING LEGAL CONTRACT BETWEEN MYSELF AND THE PATC, PATC-MS and PMC AND/OR ITS AGENTS, AND I CLICK TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

MY PROMISE TO INDEMNIFY

I agree to pay all costs and expenses, including attorneys’ fees and court costs, that PATC, PATC-MS and PMC may incur as a consequence of any legal action arising out of (1) injury, death, or damage to me; or (2) injury, death or damage to someone else as a result of my conduct.

MY CONSENT TO MEDICAL TREATMENT

I consent to any hospital care or medical or surgical diagnosis or treatment to be rendered to me, or to persons or members of my family who accompany me, as found advisable, of any injuries that may arise from participation in activities with the PATC, PATC-MS and PMC. I also understand and agree that I am solely responsible for any applicable charges for such medical services. All of the terms of this Agreement are binding upon me, my relatives, heirs and personal representatives. The terms of this agreement shall also be binding upon any persons or members of my family, including minors who may accompany me. I am over the age of eighteen (18) years of age.

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Name of Member _____

Signature _____

Date _____