



Friends of Eagle Island, Inc.

WHERE HISTORY MEETS THE FUTURE

Eagle Island – Release and Waiver of Liability

I, the undersigned, intend to participate in a Friends of Eagle Island activity at Eagle Island between March 1, 2017 and February 28, 2018. I understand that there are inherent risks involved during this visit, and on behalf of myself and my family members, heirs and assigns, hereby voluntarily agree to release, waive and forever discharge and hold harmless Friends of Eagle Island, Inc., its staff, employees, officers, directors, and volunteers from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, for any injury, illness, loss, wrongful death, or damage to person or property that may occur during the course of my involvement, whether caused in whole or in part by the negligence or other conduct of Friends of Eagle Island, Inc., its staff, employees, officers, directors, or volunteers. I understand that the nature of the activity may include potentially hazardous activities and environments, including, without limitation, the following:

- There is no professional medical personnel on the site. The nearest hospital is at least a half hour drive from the mainland landing.
- The location of the camp is a true wilderness site which includes natural hazards such as a wilderness lake which is not fenced or gated, many acres/miles of wild forest, wildlife, uneven terrain, unpredictable weather, the possibility of tree or limb falls, as well as other hazards that are inherent to the wilderness environment. There are also man-made structures and improvements on the property in varying states of repair and disrepair, which may create hazards.
- There are no lifeguards on duty at the lake.
- No training or professional supervision is being provided.

I hereby expressly and specifically assume the risk of injury, death or harm in these activities and release Friends of Eagle Island, Inc., its staff, employees, officers, directors, and volunteers from all liability for injury, illness, death, or property damage resulting from such activities.

Further, I affirm that the health insurance information provided below or attached is accurate as of this date and will, to the best of my knowledge, still be in force while I am at Eagle Island. I expressly agree that this *Release and Waiver* is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this release shall be governed by and interpreted in accordance with

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the laws of the State of New York. I agree that in the event that any clause or provision in this *Release and Waiver* shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clauses or provision shall not otherwise affect the remaining provisions of this *Release and Waiver*, which shall continue to be enforceable.

PRINT NAME: _____

Signature: _____

Date: _____

email: _____

Names of minors covered by this waiver: _____

For VOLUNTEERS on Eagle Island ONLY

Health Insurance Company and Policy Number: _____; OR

A copy of my health insurance card/information is attached _____

PHOTO RELEASE FORM I hereby authorize Friends of Eagle Island to publish the photographs taken of me, and my name, for use in printed publications and website. I acknowledge that since my participation in publications and websites produced by Friends of Eagle Island is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by Friends of Eagle Island confers upon me no rights of ownership to the organization whatsoever. I release Friends of Eagle Island, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ **Date:** _____