

Friends of the Middlesex Fells Reservation Babes in the Woods Program Group Waiver and Release

The undersigned agrees to hold harmless the Friends of the Fells, its representatives, any land or facility owner and any other person officially connected with this hike program from any and all liability for damage or loss of personal property, sickness, injury or death which might occur while participating in any Babes in the Woods program event. I am aware of the risks of participation and state that I am in sufficient physical condition to accept this level of activity. I am aware and understand that it is not possible for the Friends of the Fells, or any of its officers, directors, volunteers, agents, or employees to guard against such hazards or occurrences.

I understand that my participation in this and other Babes in the Woods events is voluntary and that by choosing to participate I hereby voluntarily agree to assume any and all risks associated with this hike program.

My signature indicates that I have read and understood the above statement and agree to the terms as stated. I understand that this waiver is effective for any Friends of the Fells Babes in the Woods program that I choose to participate in.

Name of Participant _____ Phone _____

City _____ Street _____ State _____ Zip _____

Email address _____

Are you a Friends of the Fells member? Yes No

Check here if you would prefer *not* to be on the Friends of Fells notification list.

Emergency Contact:

Name _____ Phone _____

Relationship: Parent Spouse/Partner Brother/Sister Roommate Friend

Other _____

Participant signature _____ Date _____

If under 18 years of age, signature must be by parent or legal guardian:

Name of Parent or Legal Guardian _____

City _____ State _____ Zip _____

Names and age(s) of participating child or children:

Thank You!