



# Monmouth County Park System

## Outdoor Adventures

### Release Form

Program Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

I have enrolled in a program sponsored by the Monmouth County Board of Recreation Commissioners (Board) and in connection with the enrollment, I certify that:

1. I have read the synopsis of the program and I understand the risks in participating.
2. I am physically able to participate and know of no disability which would prevent my participation.
3. I will abide by the decisions of the program leader with regard to all aspects of the activity.
4. I have the necessary qualifications to perform all activities in the program.
5. I release the Board, its agents, and the County of Monmouth from all claims including the institution of a lawsuit against the County of Monmouth, County Board of Recreation Commissioners, its agents, officers or employees for injuries or losses sustained by me or my dependents as the result of my participation in the program.
6. I give permission for the use, without fee, of my name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, A MEDICAL EMERGENCY ARISES WHICH REQUIRES ATTENDING PHYSICIANS OR OTHER MEDICAL SERVICES, AND THE HOSPITAL IS REQUIRED TO PROVIDE THESE SERVICES WITHOUT THE PATIENT'S CONSENT. THEREFORE, IN THE EVENT OF NEED FOR EMERGENCY MEDICAL SERVICE, I AUTHORIZE AND CONSENT TO SUCH SERVICE BEING PROVIDED.

\_\_\_\_\_  
Participant's Signature  
(Parent or Guardian if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Signature (under 18 yrs. of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Birth Date

\_\_\_\_\_  
Emergency Contact's Name

\_\_\_\_\_  
Work #

\_\_\_\_\_  
Home#



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### Assumption and Acknowledgement of Risk

Name: \_\_\_\_\_  
(Please print)

Although the Monmouth County Park System (referred to herein as "MCPS") has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my personal belongings, accidental injury, illness, or in extreme cases, permanent trauma, disability or death.

I understand that the MCPS does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the program's inherent risks. The following describes some, but not all, of those risks.

- MCPS programs contain environmental risks and hazards including steep, rocky. And or slippery terrain; rolling or falling rocks; insects, snakes and large animals; poisonous plants; under- or above water obstructions; lightning, snow, ice; rapidly moving, deep or cold water, ocean tides, currents, waves, wind and unpredictable forces of nature, including weather which may change to extreme conditions without notice.
- MCPS programs may take place in remote areas. Communication and transportation are difficult and sometimes evacuation and medical care may be delayed.
- Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites and allergic reactions,; hypothermia, sunburn, heat exhaustion, dehydration and other mild or serious conditions.

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature  
(Parent or Guardian if a minor)

\_\_\_\_\_  
Minor's Signature (ages 17 and under)