UNIVERSITY OUTING CLUB, WAIVER AND RELEASE OUTING: _____ LEADER: _____ DATE: _____

I am participating in the above activity with the understanding and agreement that all personal activity is at my own responsibility and risk and under my own supervision. I have full understanding of the many hazards that could occur to me while participating in outdoor activities. I participate on my own free will and volition.

I understand and agree that should any mishap or injury of any kind, nature or description occur to me during this activity, or coming to or going from this activity, that I alone will bear the responsibility and assume the entire risk for my own health, welfare and safety.

I agree to hold The University Outing Club, all participants, including the leader(s), individually and jointly, harmless from and against any and all claims, charges, demands, lawsuits, damages, judgments and causes of action, both direct and ancillary, including without limitation, personal and property injury or loss, costs of defending lawsuit and attorneys' fees.

I have read the waiver above and sign it voluntarily and without reservation.

If new to the Outing Club please put name, address, and email on back so that we can send you information on our group.

NAME (PRINT)	CELL phone # with you	SIGNATURE	NEW	EMERGENCY CONTACT NAME	EMERGENCY PHONE #

see other side

NAME (PRINT)	CELL phone # with you	SIGNATURE	NEW	EMERGENCY CONTACT NAME	EMERGENCY PHONE #

Leader, Please mail/email completed form to Marilyn Strauss, 29 Bayard Road, Somerset, NJ 08873-7205 mjssomerset@gmail.com

Non-member participant information

Name	Address	City and Zip	Email