

# GENERAL RELEASE & ASSUMPTION OF RISK

*Must be completed by all winter EduTrip and DayTrip participants*



This certifies that I, \_\_\_\_\_ (please print), have voluntarily chosen to participate in a winter visit to the Mount Washington Observatory. I understand that the weather and terrain on Mount Washington is often severe, and that it can be dangerous or even lethal.

I certify that my health and physical condition are good, and that I am in proper physical condition to participate in this visit. I attest that I have the clothing and equipment specified by the Mount Washington Observatory, and that I can walk up to eight miles to safety in the event of a mechanical breakdown en route to or from the summit, or in the event of an emergency while at the summit.

I also understand that weather or other circumstances could result in a longer than anticipated stay at the summit, and I will cooperate with Observatory staff and representatives in such an event.

In consideration for the acceptance of my participation in this educational visit to the Mount Washington Observatory, I, for myself, my heirs, executors and administrators, do hereby release and forever discharge the Mount Washington Observatory, and its employees and agents, from any and all rights and claims for damages I may have in case of death, illness, or injury to person or property, which I may experience during the course of or transportation to and from the summit of Mount Washington.

I agree to hold the Mount Washington Observatory harmless for any and all injuries suffered in connection with this visit, including those which may be attributable to weather or terrain conditions.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

*(Must be completed for participants under the age of 18)*

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by the Mount Washington Observatory to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless the Mount Washington Observatory from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of parent/guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Copies of this form will be available for signature at the base of the mountain prior to your ascent*