



Camp Scully NY August 24-27, 2023

## Gathering Liability Waiver and Consent

### Participant Program Agreement – READ BEFORE SIGNING

I am aware and understand that participating in any Women Outdoors, Inc. programs involve a potential risk of physical injury; I understand that the programs are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the program activities, both on and off-campus, are strictly voluntary, and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities, and medical condition. I fully understand that there will be no medical or emergency personnel at the Gathering, or readily available, other than summoning help via 911.

I further state that, in choosing to participate, I am not under the influence of any chemical substance, including alcohol. I WILLINGLY AND KNOWINGLY ASSUME for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the Gathering programming and activities. I hereby agree to hold Women Outdoors, Inc., its board, regional contacts, organizers, volunteers, instructors, and facilitators, as well as Camp Scully, Catholic Charities Tri County Services and the Roman Catholic Diocese of Albany, harmless for any liability arising out of my participation in the Gathering. Should Women Outdoors, Inc., or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Women Outdoors, Inc. harmless for all such fees and costs. This release does not apply to any physical injury or emotional harm caused by negligence or willful misconduct of Women Outdoors, its board, regional contacts, organizers, volunteers, instructors, facilitators and agents. I agree to pay for all damages to the facilities of Camp Scully caused by any negligent, reckless, or willful actions resulting from my own behavior.

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Women Outdoors, Inc. or their representatives. I agree to all of the restrictions placed on this event, and acknowledge that I must comply with the procedures adopted by Women Outdoors, Inc. in an effort to reduce the likelihood of exposure and/or spread of the Coronavirus/Covid-19 in order to facilitate the safety of all attendees. I also agree that if I experience any illness or potential symptoms of COVID-19 before or on the date of the event, I will not attend. If I experience any symptoms of COVID-19 or test positive for COVID-19 at any time up to 21 days following the trip, I will notify Women Outdoors via email to [gathering@womenoutdoors.org](mailto:gathering@womenoutdoors.org).

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ IT, UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS.** I have honestly disclosed in the health questionnaire portion of the registration form, any medical, psychological or personal reasons that might affect my safety or the safety of others during these events.

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Participant Name

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Participant Signature

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Date Signed



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### Waiver and Release of Liability – READ BEFORE SIGNING

As a participant in the Women Outdoors Gathering, I understand and acknowledge that certain elements of the program, both on and off-campus, can be physically, mentally, socially, and emotionally demanding. I fully understand that participating in this event may be dangerous to my health. I elect to participate in the Gathering in spite of and with full knowledge of the inherent risks. I recognize that Women Outdoors, Inc. will make every reasonable effort to minimize exposure to any known risks associated with the program. However, all hazards associated with the program cannot be foreseen; decisions might be made that are imprecise and subject to errors in judgment. The burden of responsibility does not rest solely on the volunteer organizers and workshop leaders. As a participant in the Women Outdoors Gathering, I will make good decisions and use sound judgment. **I assume sole and full responsibility for my personal safety and for any loss or damage to my property during this event.**

I acknowledge the contagious nature of the Coronavirus/Covid-19. I further acknowledge that Women Outdoors, Inc. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 and other infectious diseases. I understand that Women Outdoors, Inc. cannot guarantee that I will not become infected with any disease, including the Coronavirus/COVID-19. I acknowledge that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of both myself and others, including, but not limited to, Women Outdoors, Inc. members and volunteers, and their families.

It is my express wish that I be permitted to engage in the activities of the Gathering program. I acknowledge that I may be increasing my risk of exposure to the Coronavirus/COVID-19 virus as well as other infectious diseases. I fully understand that even after reasonable precautions have been taken, these activities involve certain inherent dangers and potential hazards to me, for which Women Outdoors, Inc. cannot be held responsible. I hereby RELEASE AND HOLD HARMLESS Women Outdoors, Inc., as well as Camp Scully, Catholic Charities Tri County Services, and the Roman Catholic Diocese of Albany, from, and WAIVE on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any services provided by Women Outdoors. I understand that this release discharges Women Outdoors, Inc., as well as Camp Scully, Catholic Charities Tri County Services, and the Roman Catholic Diocese of Albany from any liability or claim that I, my heirs, or any personal representatives may have against them with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Women Outdoors.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

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Date Signed