

# Participant Agreement, Release and Assumption of Risk

In consideration of the services of the South Shore Center for Outdoor Education, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (Hein after collectively referred to as "SSCOE") and the Town of Cohasset, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (Hein after collectively referred to as "Town of Cohasset"), I hereby agree to release, indemnify, and discharge the SSCOE and the Town of Cohasset, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that rock climbing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** the hazards of walking on uneven terrain and slips and falls; being struck by rock fall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning and rapid weather changes; the risk of falling off the rock; the risk of exposure to insect bites; the risk of cold including hypothermia; my own physical condition, and the physical exertion associated with this activity.

Furthermore, SSCOE employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the SSCOE and the Town of Cohasset from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the SSCOE's equipment or facilities, **including any such claims which allege negligent acts or omissions of the SSCOE and the Town of Cohasset.**
4. Should the SSCOE and/or the Town of Cohasset or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against the SSCOE and the Town of Cohasset, I agree to do so solely in the state in the state of Massachusetts, and I further agree that the substantive law of Massachusetts shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the SSCOE and the Town of Cohasset on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ 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 SSCOE and the Town of Cohasset to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless the SSCOE and the Town of Cohasset 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 or guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_