

**Squam Lakes Association**  
**GENERAL WAIVER AND RELEASE OF LIABILITY**  
**Recreational and Volunteer Activities**

I, [Print Name] \_\_\_\_\_, acknowledge that I will participate in recreational or volunteer activities offered, hosted, sponsored, in part, or advertised by the Squam Lakes Association (the "SLA"). I recognize and acknowledge that my participation in these activities is purely voluntary and I can commence or cease my involvement at any time.

I certify that I am in good health and able to participate in these activities. I also understand that I am undertaking these activities at my own risk. I further agree to abide by all the rules and regulations as hereinafter amended or supplemented, established by the owner or manager of the property where these activities take place, as applicable.

I hereby release and forever discharge SLA, its officers, directors, agents, subsidiaries, affiliates, volunteers and employees harmless from and against all claims, demands, suits or causes of action for injury, damages, liability or expense of every kind and character including attorney's fees, defense costs, costs of investigation and court costs, arising out of or in any way connected with my participation in these activities and any injury or illness that results. I understand that any accidental injury, disease, or death arising from participation in this activity, on or off SLA property, is not included in the definition of "injury" or "personal injury" under the New Hampshire Workers' Compensation Law and Administrative Regulations.

I further understand that this Waiver and Release is absolute as to all claims, demands, suits, actions or causes of action, damages, costs and expenses which may arise as a result of the injury or demise of myself or as a result of any property damage that could occur while I am participating in this activity except those claims or demands arising from intentional acts or acts of gross negligence of SLA employees or volunteers.

***Please note:** As an SLA program participant your photo maybe used on our website, interpretive displays and in publications such as the Loon Flyer, e-newsletters and press releases. If you do NOT want your image used please let us know in writing and we will honor your request.*

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING, EXCEPT AS NOTED ABOVE, CERTAIN POTENTIAL RIGHTS AND CLAIMS HELD BY ME AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN.

**Activity Participant Information**

- Volunteering (please describe)** \_\_\_\_\_
- Adventure Ecology Program (please describe)** \_\_\_\_\_
- Other (please describe)** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature (If under 18): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent / Guardian Print Name: \_\_\_\_\_