

**Friends of the Middlesex Fells Reservation**  
**Babes in the Woods Program Group Waiver and Release 2012**

The undersigned agrees to hold harmless the Friends of the Fells, its representatives, any land or facility owner and any other person officially connected with this hike program from any and all liability for damage or loss of personal property, sickness, injury or death which might occur while participating in any Babes in the Woods program event. I am aware of the risks of participation and state that I am in sufficient physical condition to accept this level of activity. I am aware and understand that it is not possible for the Friends of the Fells, or any of its officers, directors, volunteers, agents, or employees to guard against such hazards or occurrences.

I understand that my participation in this and other Babes in the Woods events is voluntary and that by choosing to participate I hereby voluntarily agree to assume any and all risks associated with this hike program.

My signature indicates that I have read and understood the above statement and agree to the terms as stated. I understand that this waiver is effective for any Friends of the Fells Babes in the Woods program that I choose to participate in until December 31, 2012.

Name of Participant \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Are you a Friends of the Fells member?  Yes  No Would you like to be on the Friends of Fells email notification list?  Yes  No

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship:  Parent  Spouse/Partner  Brother/Sister  Roommate  Friend

Other \_\_\_\_\_

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, signature must be by parent or legal guardian:

Name of Parent or Legal Guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Names and age(s) of participating child or children:

\_\_\_\_\_  
\_\_\_\_\_

Thank You!