



**PROJECT U.S.E.**

(urban suburban environments)

*living education since 1970*

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**ASSUMPTION OF RISK AND RELEASE**

I hereby acknowledge, for myself or on behalf of the minor child for whom I sign (hereinafter “my child”), that I/my child will be participating in certain activities offered by Project U.S.E. at Wildcat Mountain Wilderness Center in Wawayanda State Park, Hewitt, New Jersey and/or other locations and facilities (hereinafter the “Program”).

I understand and acknowledge that the Program will include some or all of the following activities: teambuilding, group games, hiking, backpacking, rock climbing, rappelling, low and high challenge courses (which are a series of rope and cable obstacles ascending from group level to 30’ to 40’ high), map and compass land navigation, canoeing, basic outdoor living skills such as fires, cooking, shelters, first aid and health, basic survival skills, and environmental awareness. Some teambuilding group games and low challenge course activities are off the ground, require team effort and may involve close personal contact with other participants. All such activities shall be at a level commensurate with the age and skill level of the participants as determined by Project U.S.E. at its sole and absolute discretion. The philosophy of Project U.S.E. activities includes a commitment to “Challenge by Choice,” whereby each participant decides at what level he or she will participate in the activity presented.

I understand and acknowledge that there are risks, perils and hazards involved in the activities that comprise the Program. I understand that those risks are too numerous to identify specifically. I do hereby assume those risks, however, on behalf of myself/my child except in the event that any loss or injury is due to the gross negligence or willful misconduct of Project U.S.E., its Board of Trustees, officers, agents or employees.

I do hereby release Project U.S.E., its Board of Trustees, officers, agents and employees from any and all claims for loss or injury arising out of, in any way related, to my/my child’s participation in the Program, except in the event that the loss or injury is due to the gross negligence or willful misconduct of Project U.S.E. All claims arising out of my/my child’s participation in the Program shall be governed by the laws of the State of New Jersey.

I authorize Project U.S.E. to provide and/or arrange for me/my child such medical care as it considers necessary and appropriate. I authorize any third person medical care provider to exchange pertinent medical information about me/my child with Project U.S.E. I agree to pay all costs associated with such care and related transportation.

This agreement cannot be supplemented or emended, except in writing signed by both parties. I understand that this agreement is binding upon myself, my child, our heirs, executors, administrators and family members.

\_\_\_\_\_  
Participant’s Name (print)

\_\_\_\_\_  
Parent/Guardian (print)  
-if student is under 18 years of age-

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant’s Signature  
-if student is under 18 years of age-

\_\_\_\_\_  
Parent/Guardian Signature