

Friends of Albany Hill  
Assumption of Risk/Liability Waiver of all activities

Activity \_\_\_\_\_ Date \_\_\_\_\_

Please write participants name \_\_\_\_\_

I am aware that participation in the Friends of Albany Hill activities on Albany Hill can pose certain physical and mental challenges. I acknowledge that certain risks exist in the activities that take place in the outdoor setting. These risks include, but are not limited to personal property, injury such as scrapes, cuts, bruises, and exposure to poison oak. I understand that the trails are unmaintained and I and my(son/daughter/ward) accept personal responsibility for my participation in the outings and activities.

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

Participant address \_\_\_\_\_

Parental Signature(if participant is under 18) \_\_\_\_\_