

RELEASE AND INDEMNITY

I plan to join the trip planned by the Princeton University Class of 1972 to Mt. Princeton and Nathrop, CO July 14-July 19, 2009, and to participate in some or all of the planned training hikes and the hike of Mt. Princeton.

I acknowledge that my participation in this trip is voluntary. I am aware that my participation involves activities both at high altitude and in remote locations with limited access to hospital medical care. I am aware of the potential hazards of this activity, including, but not limited to, high altitude illnesses, gastro-intestinal infections from drinking untreated water, heat or cold related illnesses, falls, inclement weather, lightning, and difficult trail conditions. There are risks of travel as well, including risks associated with motor vehicles and poor driving conditions.

I believe that I have been fully and adequately briefed regarding the risks inherent in the trip. I have weighed the dangers inherent in this trip, the risks presented to my own health and well-being, and my personal desire to participate in this trip. I have concluded that the risks are acceptable and are outweighed by my desire to participate.

I voluntarily assume all risks associated with this trip. I hereby release the Trustees of Princeton University, its officers, agents and employees, the officers and Executive Committee members of the Class of 1972, and Amber Waves Adventures, LLC dba American Adventure Expeditions and its employees and agree to indemnify them from any and all claims that I may have as a result of personal injury (including death) or property damage arising out of or connected in any way with this trip, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OR STRICT LIABILITY OF ANY OF THE FOREGOING, but the foregoing shall not constitute a waiver of claims against a released party arising as a direct result of the gross negligence or willful misconduct of such party. This release includes claims arising out of the rendering of emergency medical procedures or treatment, if any.

I hereby give my consent for medical treatment and for transport to and treatment at a hospital facility should it be required during this trip.

This document is binding on my heirs, personal representatives and assigns.

NAME (printed): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_, 2009