

THE NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION

NEW MEMBER ACKNOWLEDGMENT OF RISK AND RELEASE

I, _____ affirm that I am a competent swimmer, am in good health, and I am over the age of eighteen. I understand that swimming, especially in unguarded areas, because of its nature, carries with it a possibility of personal injury and possibly death to myself, other participants, and third parties. I understand that in case of emergency lifeguards will not be available to assist in a timely fashion. I acknowledge that the Office of Parks, Recreation and Historic Preservation and the Palisades Interstate Park Commission agree to permit me to engage in this activity on State lands only upon my assumption of responsibility for any injury to myself, other participants, or third parties which may result from engaging in this activity.

Therefore, in consideration of the State permitting me to utilize the “family beach” at Lake Minnewaska to engage in unguarded lap swimming, I hereby assume all risks involved in said activity and forever discharge, release and absolve the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, the Palisades Interstate Park Commission, and its officers, agents, employees from any and all liability for damage or personal injury, including death, which may result from my participation in lap swimming in an unguarded area. I furthermore agree to defend, indemnify and keep harmless the People of the State of New York, the Office of Parks, Recreation and Historic Preservation, the Palisades Interstate Park Commission, its commissioners, officers, agents and employees from all claims, suits, actions, damages and costs of every nature and description which might result from the conduct of activities under this permit. This release shall be binding upon my executors, administrators, next of kin and assigns.

In addition, I acknowledge that the Vehicle Use Fee paid was for the use of the roadways and parking lot in the park and is not a fee to engage in any recreational activity, including the activities covered under the permit.

Name (print)

Signature

Date

**PLACE
PHOTO
HERE**

Address: _____

Certification by Organization indicating that such individual has complied with testing requirements.

Judy Maze
