



# Center for Symbolic Studies, Inc.

Stone Mountain Farm, 475 River Road Ext., New Paltz NY 12561  
 TEL: 845-658-8540 - FAX: 845-658-3369 /3098 www.symbolicstudies.org

## CONTRACT TO ASSUME RISK & WAIVE LIABILITY

I represent that I am an adult on my own behalf, or on behalf of my minor child, named *(please print full name)*:

and that I wish to participate in courses, attend or take part in group or individual educational, artistic, ceremonial, therapeutic, meditative, or recreational activities or programs offered by the Center for Symbolic Studies at Stone Mountain Farm.

**I understand** that integral to the educational and philosophical purposes of the Center for Symbolic Studies is the preservation and appreciation of wilderness, and of the wildness that remains in our Hudson Valley and Catskills Bioregion. I also understand that it is the Center's purpose to encourage direct experience of our local woodlands, cultivated and uncultivated meadowlands, and rocky hills and cliffs, and wildlife; such programs may include outdoor activities, including hiking or running on undeveloped forest paths, or in pathless, unmowed meadows, crossing wetlands or streams, being in the vicinity of unfenced ponds, or scrambling upon and over rocky areas and old stone walls. I know that Poison Ivy and Poison Oak grow commonly in this vicinity; and I am aware that local wildlife includes species (such as raccoon or deer) subject to diseases such as Lyme Disease or Rabies, which are dangerous to human beings, and poisonous snakes such as the Timber Rattler and the very common Copperhead; I understand that I may encounter the remnants of old barbed-wire fences or boards with nails, in the woods; I may also be passing through pastures where horses are at large, or taking part in activities in the barn, hayloft, or in or near sheds or areas where farm machinery is stored or in use; and I know that I should look carefully wherever I walk, run, climb, or ride. I will also maintain a respectful distance from all residences and farm buildings; and I understand that no hunting or discharge of firearms is permitted on Stone Mountain Farm.

**It is my intention** to be respectful of the hazards of farm and woodland, to behave with appropriate caution, and to be attentive to instructions or advice from teachers or personnel of the Center for Symbolic Studies or Stone Mountain Farm. I will also take care to inform my minor child of these hazards, and of the need to be attentive to teachers and other personnel. I understand that the Center for Symbolic Studies, Stone Mountain Farm, Stephen and Robin Larsen, or their employees or agents cannot prevent accidents, and I do not expect them to do so.

**I also acknowledge** that if I hike, swim, dance, rock-climb, ride a horse or bicycle, engage in trapeze, high or low ropes course, zipline, or other vigorous activities, or participate in a Sweat Lodge at Stone Mountain Farm, I do so cognizant of the dangers of these activities, and entirely at my own risk; and if I allow my minor child to participate in any of these activities, it is with the same understanding.

**I also acknowledge** that if I bring dog(s), horse(s) or other animals onto Stone Mountain Farm I am entirely responsible for their health and any consequences of their behavior: I understand that I must obey Rosendale Town leash laws, that dogs must be on leash or under voice control at all times, and that I must manage/ride my horse(s) safely and considerately at all times.

**I hereby specifically release**, indemnify and hold the Center for Symbolic Studies, Stone Mountain Farm, Stephen Larsen, Robin Larsen, and/or their employees or agents harmless from liability for any claims which may arise out of my activities on the premises. In signing this contract, I am binding myself, my survivors, or any other person or entity seeking to assert a claim on my behalf or which arises from an accident occurring at the Center for Symbolic Studies or Stone Mountain Farm.

**I have read this contract, understand it completely, and execute it voluntarily with full knowledge of its consequences.**

\_\_\_\_\_ date \_\_\_\_\_ printed name, signature

\_\_\_\_\_ address \_\_\_\_\_ phone/email

\_\_\_\_\_ date \_\_\_\_\_ witness signature

## WARNING: KNOW WHAT YOU ARE SIGNING

*This form restricts or eliminates your ability to file a lawsuit against the Center for Symbolic Studies or Stone Mountain Farm and/or its employees or agents, and farm owners, for injuries you may sustain while on the premises.*