

**AVON TRAIL
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I acknowledge that this activity of the Avon Trail in which I am participating involves risks which are beyond the control of the club. Notwithstanding that acknowledgement of such risks, I hereby release the Avon Trail, its contractors, employees, volunteers, agents, assignees, and executors from all claims for damage however so arising as a result of my participation in this or any other activity organized by the club. I agree to pay the cost of any emergency evacuation of my person or belongings that may be necessary. I affirm that I am aware of the nature of the activity, its length, duration and degree of difficulty and that I am properly equipped and physically able to participate. I have no medical or other condition that might preclude my participation. I agree to follow the directions of the leader and end person (sweep). I understand that hike leaders are unpaid volunteers who may not have first aid training.

LEADER: _____ AREA OF HIKE: _____

HIKE: _____ DATE _____

SIGNATURE	PRINT NAME	PHONE #	EMERGENCY CONTACT	PHONE#
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