

*** Waiver of Liability and Assumption of Risk**

I acknowledge that this activity of the Oak Ridges Trail Association, in which I am participating, involves risks which are beyond the control of the Association. Notwithstanding the acknowledgement of such risks, I hereby release the Oak Ridges Trail Association, its contractors, employees, volunteers, agents, assigns 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 association.

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 distance, duration and degree of difficulty and that I am properly equipped and physically able to participate. I have no medical or other condition which might preclude my participation. I agree to follow the directions of the leader.

Leader: _____

Location: _____

Date: _____

	First & Last Name <i>Print. One name per line.</i>	ORTA Member?	* Signature	Phone Number <i>Include area code</i>	Emergency Contact Person	Phone Number <i>Include area code</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

** I acknowledge that I have read the "Waiver of Liability and Assumption of Risk" on Page 1.*

	First & Last Name <i>Print. One name per line.</i>	ORTA Member?	* Signature	Phone Number <i>Include area code</i>	Emergency Contact Person	Phone Number <i>Include area code</i>
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Report:

1. Number of participants, including hike leader _____
2. Distance _____ km
3. Total time _____ hr
4. (a) If on ORT, did any part of the trail require maintenance (e.g. blazing, trees down, brush/grass clearance): _____
 (b) If so, please notify the Trail Director: Garry Niece, 905-655-8040, gcniece@yahoo.ca Done on _____ (date).
5. Report **serious incidents**, injuries or accidents by completing separate *Incident Reporting Form*. Send to Hike Coordinator. None _____. Yes _____. done on _____ (date).
6. Leaders can record any *Comments or Information* (e.g. email addresses) about new hikers or repeat non-members, for follow up by ORTA. Please pass any relevant information on to: Judy Comfort, 905-473-2669, rcomfort@xplornet.com

Report Forms: Hike Leaders to either retain forms, for minimum of 2 years, or send to Hike Coordinator: Malcolm Hann, 24 Stonehedge Hollow, Markham, ON, L3R3Y9. If retaining forms, email key data (Date, Location, Hike Leader, Total Participants, Distance) to: malcolm.hann@sympatico.ca