

## Waiver of Liability and Assumption of Risk

Oak Ridges Trail Association

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 and Last Name <i>(just one name per line please)</i>	Current ORTA member?	Signature	Phone Number	Emergency Contact Person	Phone Number
1				( )		( )
2				( )		( )
3				( )		( )
4				( )		( )
5				( )		( )
6				( )		( )
7				( )		( )
8				( )		( )
9				( )		( )
10				( )		( )
11				( )		( )
12				( )		( )
13				( )		( )
14				( )		( )
15				( )		( )
16				( )		( )

Please mail *(together with Hike Report)* as soon as possible to *Malcolm Hann, 24 Stonehedge Hollow, Markham, ON L3R 3Y9*

## Waiver of Liability and Assumption of Risk

Oak Ridges Trail Association

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 and Last Name <i>(just one name per line please)</i>	Current ORTA member?	Signature	Phone Number	Emergency Contact Person	Phone Number
17				( )		( )
18				( )		( )
19				( )		( )
20				( )		( )
21				( )		( )
22				( )		( )
23				( )		( )
24				( )		( )
25				( )		( )
26				( )		( )
27				( )		( )
28				( )		( )
29				( )		( )
30				( )		( )
31				( )		( )
32				( )		( )

Please mail *(together with Hike Report)* as soon as possible to *Malcolm Hann, 24 Stonehedge Hollow, Markham, ON L3R 3Y9*