

Hike Registration and Waiver Form

I acknowledge that this activity in which I am participating, organized by The Bruce Trail Conservancy (BTC) and/or its member Clubs, involves risks which are beyond the control of the BTC and its member Clubs. Notwithstanding the acknowledgement of such risks, I hereby release the BTC, its member Clubs, contractors, employees, agents, assigns and executors from all claims for damage however so arising as a result of my participation in this and any other activity organised by the BTC and/or its member Clubs. I agree to pay the cost of my emergency evacuation of my person or belongings that may be necessary. I affirm that I am aware of the nature of this activity, its length, duration and degrees 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 and any assistants at all times.

Hike Location: _____ Hike Leader: _____ Date: _____

GPS Location: _____ Emergency Road Number: _____

	Name	Phone Number	BTC Member: Y or N	Signature	Emergency Contact Name	Emergency Contact Phone Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I acknowledge that this activity in which I am participating, organized by The Bruce Trail Conservancy (BTC) and/or its member Clubs, involves risks which are beyond the control of the BTC and its member Clubs. Notwithstanding the acknowledgement of such risks, I hereby release the BTC, its member Clubs, contractors, employees, agents, assigns and executors from all claims for damage however so arising as a result of my participation in this and any other activity organised by the BTC and/or its member Clubs. I agree to pay the cost of my emergency evacuation of my person or belongings that may be necessary. I affirm that I am aware of the nature of this activity, its length, duration and degrees 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 and any assistants at all times.

	Name	Phone Number	BTC Member #	Signature	Emergency Contact Name	Emergency Contact Phone Number
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

