GANARASKA HIKING TRAIL ASSOCIATION INC.

Waiver of Liability & Assumption of Risk

We, the undersigned, acknowledge that the activity in which we are participating involves risks. In consideration of being permitted to participate, we hereby assume any and all such risks and hereby release and discharge the Ganaraska Hiking Trail Association, its officers, directors and volunteers, the hike leader, the owner of such lands we may cross or find ourselves upon and our fellow hikers, their successors and assigns from any and all claims for loss or damage directly or indirectly arising as a result of our participation in this activity. We confirm that we are aware of the nature of the activity, the duration and the degree of difficulty and that we are properly equipped and physically able to participate. We have no medical conditions that might preclude our participation. Each adult accepts full responsibility for all persons under 18 that may be in their care.

Leader:___n/a_____ Location: _____ Distance: _____ Level: _____ Date: _____

Name (please print)	GHTA Member?	Signature	Cell Phone #	Emergency Contact	Phone #