



GROUP TRIP WAIVER

**Waiver Form
Release of Liability Hiker's Assumption of Risk**

Date: _____ **Leader:** _____

Hike Location: _____

I acknowledge with my signature below, that this activity of the Armstrong / Spallumcheen Trails Society, in which I am participating, involves risks. With this acknowledgement of these risks, I would like to participate in this activity. I release the Armstrong / Spallumcheen Trails Society, its contractors, volunteers, assignees and executors from all cost and claims for damage or injury, however so arising as a result of my participation, or emergency evacuation of my person, in this or any other activity organized by the club.

I affirm 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 as a walker. I acknowledge that with the various stiles to climb over, the hills present on the trail and other physically challenging items that hiking on this footpath style of trail can only be done by those who can walk on their own. I have no medical or other condition that might preclude my participation. As an adult, I accept responsibility for any person under 18 years of age in my care. I agree to follow the directions of the unpaid volunteer leader and sweep, which have the authority to turn hikers away from the hike.

PARTICIPANT'S NAME & PHONE NUMBER <i>We need to be able to read your name</i>	EMERGENCY CONTACT & PHONE NUMBER

