

Waiver of Liability and Assumption of Risk

EVENT:	DATE:
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I acknowledge that this activity of the Maitland Trail Association, in which I am participating, involves risks that are beyond the control of the Association. Notwithstanding the acknowledgement of such risks, I hereby release the Maitland Trail Association, Hike Ontario, and the County of Huron, their contractors, employees, volunteers, agents, assigns and executors from all claims for the damage howeversso arising as a result of my participation in this or any other activity organized by the Association. I agree to pay the costs of any emergency evacuation of my person or belongings that may be necessary. I affirm that I am aware of the nature of this 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 conditions that might preclude my participation. I agree to follow the directions of the leader. My signature below confirms that I am at least 18 years old, that I have read this document, I am signing voluntarily and that I fully understand its effect. I understand that this document must be properly completed before I will be allowed to participate in the event.

#	NAME & SIGNATURE	EMERG. CONTACT NAME	TELEPHONE
1			
2			
VEHICLE LIC.#		TELEPHONE	

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