Toll free: 1-877-HIKE-FLA Local: 352-378-8823

FLORIDA TRAIL ASSOCIATION, INC. ASSUMPTION OF RISK and SIGN IN SHEET

www.floridatrail.org fta@floridatrail.org

Trail Work Hours

Certain risks are inherent in any Florida Trail Association, Inc. (the "Association") activity. Each Association member, guest or non-member participant agrees to accept personal responsibility for his or her safety, and the safety of minors accompanying such persons. The Association cannot ensure the safety of any participant on hikes or activities. In participating in Association activities, each such person agrees to hold harmless and free from blame the Activity Leader(s) and the Association, its officers, directors, and members, for any accident, injury, or illness which might be sustained from participating in hikes or other Association activities. Neither the Association nor landowners are in any way liable for any injury or illness I might sustain while participating in an Association activity. I will and do hereby assume the above-mentioned risks and will hold Florida Trail Association, Inc., and the Activity Leader(s):

	Name(s) of Activity Leader(s)			
harmless from any and all liability and claims of every kind and nature whatsoever, which may arise from on in connection with my participation in those activities. I also agree that any photographs taken of me on this hike may be used to publicize the Florida Trail Association. Florida Trail Association.				
Activity Date	Activity Title	Activity Location		

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND, AND DO AGREE TO THE TERMS OF THIS DOCUMENT:

NOTE: Signature of parent/guardian is required if participant is under 18 years of age.

	-	f parent/guardian is required if participani		MEMBER?	Travel Miles	Work
Printed Name of Participant	Signature of Participant	Address	Telephone & Email	(Y/N)	One Way	Hours
1)						
2)						
3)						
4)						
5)						
6)						
7)						

If there are more participants than spaces on this form, use a second form. DO NOT use the back of this form. Send the completed original form to the Florida Trail office at: Florida Trail Association, 5415 SW 13th Street, Gainesville, FL 32608

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Hiking and Other Activities

Certain risks are inherent in any Florida Trail Association, Inc. (the "Association") activity. Each Association member, guest or non-member participant agrees to accept personal responsibility for his or her safety, and the safety of minors accompanying such persons. The Association cannot ensure the safety of any participant on hikes or activities. In participating in Association activities, each such person agrees to hold harmless and free from blame the Activity Leader(s) and the Association, its officers, directors, and members, for any accident, injury, or illness which might be sustained from participating in hikes or other Association activities. Neither the Association nor landowners are in any way liable for any injury or illness I might sustain while participating in an Association, Inc., and the Activity Leader(s):

	Name(s) of Activity Leader(s)			
harmless from any and all liability and claims of every kind and nature whatsoever, which may arise from on in connection with my participation in those activities. I also agree that any photographs taken of me on this hike may be used to publicize the Florida Trail Association. Florida Trail Association.				
Activity Date	Activity Title	Activity Location		

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND, AND DO AGREE TO THE TERMS OF THIS DOCUMENT:

NOTE: Signature of parent/guardian is required if participant is under 18 years of age.

		f parent/guardian is required if participant		MEMBER?	Miles
Printed Name of Participant	Signature of Participant	Address	Telephone & Email	(Y/N)	Hiked
1)					
2)					
2)					
3)					
4)					
7)					
5)					
6)					
7)					

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