



HIKE DESCRIPTION: \_\_\_\_\_

HIKE LEADER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL ADULTS PARTICIPATING IN THE ABOVE HIKE MUST READ AND SIGN BELOW.**

I acknowledge that, by participating in hikes with the Guelph Hiking Trail Club, I may be exposing myself and my family to some degree of risk. I accept full responsibility for the welfare and safekeeping of myself and my family on the above hike. I also acknowledge that neither the hike leader(s) nor any of the members or officials of the Guelph Hiking Trail Club bear any liability to me or my family for any event or misfortune that might occur during the hike, and absolve the Club, its members and officers, from any such liability.

Signature	Guest?	Name/Address	Emergency Contact & Phone Number
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ALL ADULTS PARTICIPATING IN THE HIKE MUST READ PAGE 1 AND SIGN BELOW.

Signature	Guest?	Name/Address	Emergency Contact & Phone Number
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Return these pages to: **Susan Bard 506-27 Cardigan Street Guelph ON N1H 7V6**

Reminder to leaders: *Always carry this Release form and a copy of the Accident form with you on every hike.*

Leader Comments: