



# WESTCHESTER TRAILS ASSOC.

## SIGN-IN SHEET AND LIABILITY WAIVER

HIKE \_\_\_\_\_ LEADER \_\_\_\_\_ DATE \_\_\_\_\_

I understand that during my participation in this Westchester Trails Association (WTA) Outing, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each Outing and cannot be eliminated without destroying its unique character. These risks include, but are not limited to, the dangers of personal injury, illness, property damage, and death ("Injuries and Damages"), and WTA has not tried to minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and third parties, whether as a result of negligence or otherwise. I understand that risks of Injuries and Damages are involved in hiking and other WTA activities and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this Outing there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed. In consideration for my acceptance as a participant on this Outing, I acknowledge that I am physically and mentally fit and able to participate in this Outing. I recognize that the Outing does not include carpooling, and I am personally responsible for all risks associated with travel. If I decide to leave early and not to complete the Outing, I assume all risks inherent in my decision to leave; and if the leader has concluded the Outing and I decide to go forward without the leader, I assume all risks inherent in my decision to go forward; and in either case I waive all liability against WTA arising from my decision. This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement will not be affected and will remain valid and fully enforceable. To the fullest extent allowed by law, I agree to WAIVE, DISCHARGE CLAIMS, RELEASE FROM LIABILITY AND HOLD HARMLESS WTA, its officers, directors, employees, agents, and leaders on account of, or in any way resulting from Injuries and Damages, whether caused by my own negligence or by the negligence of WTA, its officers, directors, employees, agents, and leaders, in any way connected with this Outing. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on the Outing. I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in the Outing.

Please sign name below. Check (✓) appropriate column for member (M) or guest (G) If a minor is going on the trip, the minor's guardian must sign on the minor's behalf.

Print Name	Signature	M	G	Guests please list address/phone no.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				