



# 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 Avon Trail, in which I am participating, involves risks. With this acknowledgement of these risks, I would like to participate in this activity. I release the Avon trail, Hike Ontario, 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, and 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. I am not known to have, or suspected of having Covid-19, nor am I in close contact with a confirmed or suspected case of Covid-19 prior to participating. 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, who have the authority to turn hikers away from the hike.

	<b>PRINT NAME (clearly)</b>	<b>SIGNATURE</b>	<b>EMERGENCY CONTACT</b>	<b>EMERGENCY CONTACT PHONE #</b>
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	PRINT NAME (clearly)	SIGNATURE	EMERGENCY CONTACT	EMERGENCY CONTACT PHONE #
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