

-- Thames Valley Trail Association Inc. --

Waiver of Claims and Assumptions of Risk: I acknowledge that the activities of the Thames Valley Trail Association, Inc. (the "Club") carry with them the inherent risks to person and property and that by participating I am voluntarily exposing myself to those risks. I affirm that I am aware of the nature of the activities, the physical demands related thereto and the difficulty associated therewith and that I am properly equipped and physically able to participate. In consideration of the Club allowing me to participate in its activities, I agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I may have or may in the future have against the Club, its contractors, volunteers, agents, assigns and executors (collectively the "Club Personnel")
2. **TO RELEASE THE CLUB AND CLUB PERSONNEL** from any and all liability for any loss, damage, injury or expenses that I may suffer or my next-of-kin may suffer as a result of my participation in Club activities, due to any cause whatsoever, **INCLUDING NEGLIGENCE OR BREACH OF ANY STATUTORY OR OTHER STANDARD OF CARE ON THE PART OF THE CLUB OR CLUB PERSONNEL.**
3. **TO HOLD HARMLESS AND INDEMNIFY THE CLUB AND CLUB PERSONNEL** from any and all liability for any property damage or personal injury sustained by any third party resulting from my participation in Club activities, including without limitation, any emergency evacuation of my person.
4. This waiver and indemnity shall be effective and binding upon my heir, my next-of-kin, executors, administrators and assigns in the event of death or incapacity.
5. As an adult I accept responsibility for any minors in my care.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT PRIOR TO SIGNING AND I AM AWARE THAT BY SO SIGNING I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE CLUB OR CLUB PERSONNEL.

Leader(s):	Area of Hike:	Date/Time:
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Signature	Print Name	Phone #	Emergency Contact / phone #	TVTA member? (Y/N)
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Please inform the leader of any medical condition which may be a safety consideration in this hike.

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Leader(s):	Area of Hike:	Date/Time
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Signature	Print Name	Phone #	Emergency Contact / phone #	TVTA member? (Y/N)
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