TVTA WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I acknowledge that this activity of the **Thames Valley Trail Association**, in which I am participating, involves risks which are beyond the control of the Association. Notwithstanding the acknowledgement of such risks, I hereby release the Thames Valley Trail Association, Hike Ontario, and their contractors, employees, volunteers, agents, assigns and executors from all claims for damage however so arising as a result of my participation in this or any other activity organized by the Association. I agree to pay the cost of any emergency evacuation of my person or belongings that may be necessary. I affirm that I am aware of the nature of the activity, the duration and degree of difficulty and that I am properly equipped and physically able to participate. I have no medical or other condition which might preclude my participation. 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 leader.

LEADERS(S):	AREA OF HIKE:	DATE & TIME:
		Date:
		Time:
SIGNATURE	**PRINT NAME**	**TVTA MEMBER (Y/N)**
		Yes ☐
TELEPHONE #	**EMERGENCY #**	No ☐

Rev. 15 June 2020. Hike Leaders - Please forward completed form as soon as possible to the TVTA Activities Director.

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