

Benton MacKaye Trail Association

Waiver and Release Form

Please note: Pets are not allowed on BMTA hikes.

After the hike, please mail this W&R Form to:
BMTA, P.O. Box 6, Cherry Log, GA 30522 or scan and email to kcissna@usf.edu

Name / Date of Activity: _____

Hike Leader: _____

Each of us individually (and/or as parent and/or guardian of the named minor) for and in consideration of receiving permission from the Benton MacKaye Trail Association to participate in the above recreational activity of the Association do hereby release, remise, waive and forever discharge the Benton MacKaye Trail Association, together with all of its officers, directors, trip leaders and co-leaders and members, from any and all liability, claims, demands, actions, or cause of actions, whatsoever arising out of or related to any injury, illness, loss or damage, including death, relating to participation in the said activity.

*M=Member, G=Guest

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BMTA Post-Activity Report

Please email kcissna@usf.edu

Name of Activity: _____

Leader: _____

Trip Problems:

Activity took place as scheduled? ___ Yes ___ No

If not, Please explain:

Recommendation:

Should we repeat this trip? ___ Yes ___ No

Please describe any problems with trip:

Thank you for your input! It will be helpful in planning future activities!

BMTA Newsletter Write Up

Please email to kcissna@usf.edu after hike is completed

Please email photo if one is available

Name of Activity:

Date of Activity:

Reported by:

Activity write-up:

Benton MacKaye Trail Association

Parent's Medical Release Form

I, _____, the parent / legal guardian of _____, recognize the inherent risks of this event and, assuming personal responsibility, release the Benton MacKaye Trail Association from liabilities related to my child's participation in the activity of:

_____ on _____ (date).

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Signature of parent or guardian

Name of parent or guardian (Print)

Address

City, State, ZIP Code

Phone Number

Date