

# Benton MacKaye Trail Association

## Waiver and Release Form

**Note: Dogs are allowed on BMTA hikes only for those hikes that are specifically designated as “dog friendly.”  
In those cases, dog owners must adhere to BMTA’s “Guidelines for Bringing Your Dog on a BMTA Hike.”**

**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](mailto: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. If I bring a dog on a “dog friendly” hike, I accept sole responsibility for the behavior of my dog.

**\*M=Member, G=Guest**

	PRINT NAME	SIGNATURE	*M/G	EMERGENCY CONTACT #	EMAIL ADDRESS
1					
2					
3					
4					
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10					
11					
12					

***By providing my email address I understand I am giving BMTA permission to email me news, updates and announcements concerning BMTA.***

	PRINT NAME	SIGNATURE	*M/G	EMERGENCY CONTACT #	EMAIL ADDRESS
13					
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21					
22					
23					

*By providing my email address I understand I am giving BMTA permission to email me news, updates and announcements concerning BMTA.*

### **BMTA Post-Activity Report**

Please email [kcissna@usf.edu](mailto: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 [mwill148@georgiasouthern.edu](mailto:mwill148@georgiasouthern.edu) and [kcissna@usf.edu](mailto: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