

Capital Region Hiking Program

Susquehanna Appalachian Trail Club / Cumberland Valley Appalachian Trail Club

Sign-Up and Waiver of Liability

Hike/Event Name: _____ Hike/Event Leader(s): _____
 Date: _____ Hike/Event Distance: _____ Driving Miles: _____ Reimbursement to Driver: \$ _____

By signing below, I acknowledge that I am aware of and assume the risks inherent in this hike/event. I will be responsible for my own well-being and that of my minor children while participating in the activities and travel associated with this hike/event. I release and hold harmless SATC and CVATC, their officers, directors, members, and the volunteers associated with this hike/event from all liability for any injury, loss or damage to my or my minor children's person or property, direct or consequential, that occur during my/our participation in the activities of this hike/event including the travel involved.

	Printed Name	Signature	E-Mail Address	Telephone	Emergency Contact Telephone	Club Member?	
						Y	N
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Hike/Event Leader: **Please return promptly** to SATC c/o John Zerphey, 174 Walnut St., Highspire, PA 17034-1125