

# Capital Region Hiking Program

Susquehanna Appalachian Trail Club  
Cumberland Valley Appalachian Trail Club

## Sign-Up and Waiver of Liability

Hike/Event Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Hike/Event Leader(s): \_\_\_\_\_ 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	Telephone	Emergency Contact Telephone	Member? Y N	
1						
2						
3						
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11						

Hike/ Event Leader: ***Please return promptly*** to SATC c/o Tara Shade, 206 Fawn Court, Marysville, PA 17053-9209