

MOUNTAIN HIGH HIKERS
WAIVER AND RELEASE FORM – 2016

Hike leader:
Hike:
Date:

Assumption of Risk and Release of Liability. Certain risks are inherent in any Mountain High Hikers activity. Each MHH member, guest, or non-member participant agrees to accept personal responsibility for his/her safety, and the safety of minors accompanying such persons. MHH cannot ensure the safety of any participant of hikes or activities. Each participant agrees to hold harmless and free of blame the hike or activity leader and the MHH, its officers and members for any accident, injury, or illness which might be sustained from participating in hikes or other MHH activities. I agree that I am solely responsible for my own equipment, safety, and first aid needs. Hiking and other activities may involve strenuous physical limits and certain risks. I certify that I am physically fit and have not been advised otherwise by a qualified medical person. Neither the MHH nor landowners are in any way liable for any injury or illness I might sustain while participating in a MHH activity. I will and do hereby assume the above-mentioned risks and will hold harmless the Mountain High Hikers, officers, directors, members, and the Hike or Activity Leaders from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with my participation in these activities. This release is binding on me, my heirs, and my personal representative

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND AND DO AGREE TO THE ABOVE MENTIONED TERMS

Print Name	Signature	Member (M) Guest (G)	Emergency Contact Phone #:	Medical problems and allergies
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Print Name	Signature	Member (M) Guest (G)	Emergency Contact Phone #:	Medical problems and allergies
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

Guests asking to attend a scheduled hike must obtain a description of the hike, e.g. distance, elevation gains and/or losses, terrain, footing, hiking speed, and so on from the hike leader. Hike leader may refuse any hiker if capability to complete hike is questioned. **Be firm in your judgment.** You may recommend a shorter hike.

Please report any Incident(s):

General Hike comments:

Signature of Hike Leader: _____

Date: _____

Please return this completed form to:

Cindy Sullivan
594 Shiloh Drive
Hayesville NC 28904

skips.c.sullivan0@gmail.com