

**Friends of the Carp Hills
Guided Nature Hike Event Waiver**

Date: 1 October 2017

1:30pm to 3:30pm

Carp EcoWellness Centre, 2386 Thomas Dolan Parkway

Name	
Address	
Email	
Phone Number	

WAIVER:

I am volunteering to participate in this guided trail hiking activity with the understanding that it may involve irregular and wet terrain and interaction with other hikers. I also understand that there is poison ivy along the trail and there are black-legged ticks in the area. I understand that I am responsible for my own safety.

In consideration of my participation in the Friends of the Carp Hills guided trail hike activity, I, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Friends of the Carp Hills and the Carp EcoWellness Centre, their volunteers, their representatives, successors and assignees for any and all injuries, illness or death that may directly or indirectly result from my participation in the event. Further, I shall permit the free use of my name and picture in publicity resulting from the event.

Signature _____

Date _____

_____ Please add me to the **Friends of the Carp Hills** mailing list