# Rideau Trail Association (RTA) Activity Sign-Up Sheet WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Activity: Leader:

Trailhead:

Date:

# ALL ADULTS PARTICIPATING IN THE ABOVE ACTIVITY MUST READ AND SIGN BELOW

I acknowledge that, by participating in activities with the Rideau Trail Association, I may be exposing myself and any minor in my care to some degree of risk. I accept full responsibility for the welfare and safekeeping of myself and any minor in my care throughout the activity. I also acknowledge that neither the activity leader(s) nor any of the members, officials or other volunteers of the Rideau Trail Association or Hike Ontario bear any liability to me or my family for any event or misfortune that might occur during the activity, and absolve the Association, Hike Ontario, their members and officers and other volunteers, from any such liability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **PRINT NAME** | **SIGN** | **RTA MEMBER** | **CELLPHONE WITH YOU** | **URGENT PHONE** |
| **1** |  |  |  |  |  |
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## BRING THIS FORM WITH YOU ON THE OUTING. NOTE IF ANY PART OF THE GROUP RETURNS SEPARATELY. SEND THIS

**FORM TO YOUR RTA REPRESENTATIVE ASAP FOLLOWING THE OUTING** (Ottawa - waivers.ottawa@rideautrail.org, Central - waivers.central@rideautrail.org, Kingston - [waivers.kingston@rideautrail.org](mailto:waivers.kingston@rideautrail.org))**.** Revised Oct 2021

# Rideau Trail Association Incident Report

**REPORT ALL:** Serious (or less serious if dangerous) accidents, Health issues that posed a problem, Lost hiker(s)

## SEND THIS REPORT TO THE RTA REPRESENTATIVE ASAP IF AN INCIDENT OCCURS

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| --- |
| Hike Leader Name, Phone #: Incident Date:  Time: |
| Event/Location:  Weather:  Conditions of trail at time of incident: |
| Describe the incident (injury, lost hiker, etc.)  Name and contact info of injured party:  Name and contact info of emergency contact:  Police/fire/paramedic information including name, badge number, police report #, phone number, etc.:  Describe any property damage: |
| Describe any injuries: |
| Describe any actions taken: |