



Union County Hiking Club

SIGN-UP SHEET AND TRIP REPORT

LEADER: Please have participants sign this form before the start of your outing. After the event, please complete and sign the report and RETURN TO: Terry Kulmane, 41 Brook Road, New Providence, NJ 07974

Trip _____

Date _____ Leader _____ Weather _____

Leader comments/signature _____

MEMBER'S WAIVER AND RELEASE

I am participating in the above activity with the understanding and agreement that all personal activity is at my own responsibility and risk and under my own supervision. I have full understanding of the many hazards that could occur to me while participating in outdoor activities. I participate of my own free will and volition. I understand and agree that should any mishap or injury of any kind, nature or description occur to me during this activity, or coming to or going from this activity, that I alone will bear the responsibility and assume the entire risk for my own health, welfare and safety.

I agree to hold all the participants, including leader(s) individually and jointly, harmless from and against any and all claims, charges, demands, lawsuits, damages, judgments and causes of action, both direct and ancillary; including without limitation, personal and property injury or loss, costs of defending lawsuit and attorneys' fees.

I have read the waiver above and sign it voluntarily and without reservation.

MEMBERS sign here (NON-MEMBERS sign on reverse side)

PRINT NAME CLEARLY

SIGNATURE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

PRINT NAME CLEARLY

SIGNATURE

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

***Guests are invited to participate in three outings before joining the club. •**

NON-MEMBER'S WAIVER AND RELEASE

I am participating in the above activity with the understanding and agreement that all personal activity is at my own responsibility and risk and under my own supervision. I have full understanding of the many hazards that could occur to me while participating in outdoor activities. I participate of my own free will and volition. I understand and agree that should any mishap or injury of any kind, nature or description occur to me during this activity, or coming to or going from this activity, that I alone will bear the responsibility and assume the entire risk for my own health, welfare and safety. I agree to hold all the participants, including the leader(s), individually and jointly, harmless from and against any and all claims, charges, demands, lawsuits, damages, judgments and causes of action, both direct and ancillary; including without limitation, personal and property injury or loss, costs of defending lawsuit and attorneys' fees.

I have read the waiver above and sign it voluntarily and without reservation.

SIGNATURE

Name Address Email

PLEASE PRINT CLEARLY!

1. _____

2. _____

3. _____

UHC Incident Report

Participant Name: _____ D.O.B. _____ Male/Female Member Yes/No

Participant's Address _____ If not a member

City _____ State _____ Zip Code _____ Phone _____

Time of Incident _____ Location of Incident _____

Description of Incident _____

Participant: Left the Activity Yes/No If yes who accompanied him or her? _____

Continued until the end of the Activity Yes/No Went to a medical facility Yes/no Was outside assistance required? Yes/No If yes describe _____