East Hampton Trails Preservation Society, Inc
Box 2144, Amagansett, New York 11930

Day / Date _____

Location: _____

Leader: _____

HIKING Sign-in Sheet and Release from Liability

I represent that I am in good physical health and capable of participating in this hike. I am voluntarily participating in this activity with the full knowledge of the risks and dangers involved, including, but not limited to, weather, insects, chiggers, ticks, as well as negligence in any manner and degree on the part of EHTPS, its members, officers, hike leaders, and agents regarding route selection, or physical exertion for which I may not be prepared; accident or illness without access to means of rapid evacuation or availability of medical supplies or services; the adequacy medical attention once provided. I acknowledge that the enjoyment and excitement of hiking is derived in part from the inherent risks in outdoor activity and these risks contribute to the enjoyment and are a reason for my participation. THEREFORE, I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE AND ACCEPT ALL RISKS OF ILLNESS, INJURY, TRAUMA, OR DEATH. FURTHER, I HEREBY RELEASE AND DISCHARGE EHTPS, ITS OFFICIERS, MEMBERS, AGENTS, AND HIKE LEADERS. This release is binding upon my heirs, successors, assigns, and legal representatives, it being my intention to fully assume all of the risks and liabilities associated with this event. I understand that EHTPS reserves the right to exclude from the outing any person it judges to be incapable of meeting the rigors of participating in the activities or who refuses or is unwilling to follow the directives of the hike leaders.

NAME	MEMBER? YES	MEMBER? NO

NAME	MEMBER? YES	MEMBER? NO