

Date _____ Hike Leader _____ Hike Name _____

BLUE MOUNTAIN EAGLE CLIMBING CLUB

Waiver: I fully understand that by participating in these physical activities I am exposing myself to certain risks. I accept full responsibility for my own health and safety. I will not hold The Blue Mountain Eagle Climbing Club, the activity leader, the property owner, or other participants responsible for my health & safety. (Applicants less than 18 years of age must have the signature of a responsible adult.)

Name	Signature	Emergency Contact	Member? Y/N

Hike Notes:

Return this form to a member of the Activities Committee.