



# Hike Program Attendance Form and Waiver

Wednesday \_\_\_\_\_  
 Saturday (mm/dd/yy) \_\_\_\_\_ (Leader/number of volunteer hours) \_\_\_\_\_ (Hike Name)

Hikers support the Hike Program. Donations welcome. Make checks payable to "CBJ – Hike" (more information at: <http://www.juneau.org/parkrec/hike/index.php>).

## Guidelines

1. Sustain health and fitness consistent with hiking.
2. Dress in layers with clothing and gear fit for terrain and weather.
3. Take personal responsibility for your own and the group's safety. No dogs or firearms please.
4. Partner with a hike buddy.

Stay with the group and support the leader's decisions. If a trail proves too difficult or uncomfortable, turn back, with your buddy. Remember, "if in doubt, don't."

Waiver and Release. I acknowledge that hiking involves risk of injury, and I am aware that when participating in this activity, serious accidents may occur, leading to personal injury, property damage, and even death. I understand the hiking surfaces and surrounding areas cannot be ensured to be free of defects or other hazards, whether natural or man-made. I further understand there may be unpredictable dangers involved in this hiking activity. I acknowledge that I am responsible for wearing proper gear for hiking.

By signing below, I represent that there is no reason why I should not participate in the hiking activity, such as any medical condition which may affect my ability to participate. I agree that it is my responsibility to participate only within my abilities. I waive and release the City and Borough of Juneau, its employees, and its agents from all liability, loss, and/or damage claim or cause of action, known or unknown, including but not limited to physical or mental injury, property damage, and wrongful death, that I may have against the CBJ, its employees, and its agents, for any and all injuries, damages, or death incurred in relation to my participation in the hiking activity, including those caused by the negligence of the CBJ, unless my injuries, damages or death is caused by the gross neglect of the CBJ or its employees or agents. **By signing this agreement, I intend to release the City from liability with respect to any damages or injuries caused by the unavoidable and inherent risks involved in hiking.** My signature below indicates that I have had sufficient opportunity to read this document and that I have read it, and that I understand it, and that I understand that it affects my legal rights, and the legal rights of any minor I am signing on behalf of, and I agree to be bound by these terms both for myself and as the legal guardian of the minor whose name appears below.



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	<u>Print Name</u>	<u>Signature</u>	<u>Phone Number</u>	<u>Medical/Physical Limitations?</u>
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Scan/email completed forms to [parks.rec@juneau.org](mailto:parks.rec@juneau.org) or fax to 907-586-4589