



****Please note:* Hiking Guide Brigitte Buehlmann is the Leader of the Following Activity. The Hiking Guide has the right to not allow participants to participate if the leader deems the participants health condition (s) not in favor of this 5-7 hour hike. The Leader also controls the cancellation of the hike if conditions (Safety, unsafe) permit and also can also have the participants return to the start due to over the time length or because of dark (dusk), etc.

North River Falls Hike – June 4, 2016 at 10:00 am
REGISTRATION & WAIVER FORM

(Please PRINT all information)

Participant Information

LAST Name: _____ **FIRST** Name: _____
 Date of Birth: _____ Address: _____
 Town: _____ Postal Code: _____
 Home Phone: _____ Day Phone: _____
 E-mail address: _____
 Emergency Contact: _____ Relation: _____ Phone: _____
 Health Card Number: _____
 Physician: _____ Physician Tel. Number: _____
Medical Condition(s): _____
Allergies: _____
Medications: _____
Special Dietary Concerns: _____

I, the undersigned, do hereby agree to allow the individual aforementioned to participate in the North River Falls Hike June 4, 2016 and I further agree to indemnify and hold Municipality of the County of Victoria, Naturally Active for Life Victoria County Physical Activity Strategy, NS Trails, Our volunteer Event Leaders (Hiking Guide Marshall Kaiser & Sweeper), Landowners including Province of NS (Provincial parks, crown land & wilderness, protected areas) from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity.

The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel.

I also agree to grant full permission to organizers to use any photographs, videos, motion pictures or recordings for any publicity and promotion purposes without obligation or liability of the individual aforementioned or me.

I verify that all the above information provided is true and accurate.

Signature: _____ **Date:** _____