



# VOYAGEUR TRAIL ASSOCIATION

Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

hike  snowshoe  work party  other: \_\_\_\_\_

Outing began at: \_\_\_\_\_

Leader: \_\_\_\_\_

Ended at: \_\_\_\_\_

Sweep: \_\_\_\_\_

*(For purposes of the free end-of-the-year draws, only ONE name for Leader & Sweep please.)*

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| <b>LEADER'S CHECKLIST:</b>  |
| <i>Are the participants:</i>  |
| <input type="checkbox"/> Inexperienced                                      |
| <input type="checkbox"/> Dressed properly                                   |
| <input type="checkbox"/> Lunch & water                                      |
| <input type="checkbox"/> Children   |
| <input type="checkbox"/> Sign agreement                                     |
| <input type="checkbox"/> Offer brochure on VTA                              |
| <input type="checkbox"/> Introductions done                                 |
| <input type="checkbox"/> Expectations: <i>distance, breaks, return time</i> |
| <input type="checkbox"/> Appoint sweep                                      |
| <input type="checkbox"/> Explain sweep's role                               |
| <input type="checkbox"/> Any questions?                                     |
| <input type="checkbox"/> Count how many                                     |
| <input type="checkbox"/> Car pool   |
| <input type="checkbox"/> On trail, stop for breaks & count                  |
| <input type="checkbox"/> Report trail conditions afterwards                 |

## ASSUMPTION OF RISK AGREEMENT

I hereby acknowledge the nature of the event and related activities I am undertaking with the Casque Isles Club of the Voyageur Trail Association and the risks, which may be determined by, but are not limited to, my physical condition, clothing and personal equipment, tools used, terrain, weather, distance travelled during the event, other participants and vehicular traffic, and voluntarily assume the risk of injury, death and property damage to myself and others. *(Hike Ontario is asking us to voluntarily keep track of the age of our participants for statistical purposes when applying for grants only. Children under 18 may not sign for themselves.)*

| Name (please print) | Signature | Phone No. | Emergency Contact | under 18 | age 19-40 | age 41-60 | over 61 |
|---------------------|-----------|-----------|-------------------|----------|-----------|-----------|---------|
| _____               | _____     | _____     | _____             | _____    | _____     | _____     | _____   |
| _____               | _____     | _____     | _____             | _____    | _____     | _____     | _____   |
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| _____               | _____     | _____     | _____             | _____    | _____     | _____     | _____   |
| _____               | _____     | _____     | _____             | _____    | _____     | _____     | _____   |
| _____               | _____     | _____     | _____             | _____    | _____     | _____     | _____   |
| _____               | _____     | _____     | _____             | _____    | _____     | _____     | _____   |

*(Use more than one sheet if required. Record total number of participants on last page.) More on back of this sheet.*  
**Please send this completed form c/o: VTA, PO Box 20040, 150 Churchill Blvd., Sault Ste. Marie, ON P6A 6W3**  
 (REMEMBER: Draws will be made at the end of each year for free memberships for those who lead outings, serve as sweep, and all those who participate in work parties, but we can only enter their names if this sheet is handed in.)

**VOYAGEUR TRAIL ASSOCIATION ASSUMPTION OF RISK AGREEMENT (cont'd.) - Page 2**

**Outing Leader:** Please record the name(s) below of anyone who refused to sign in, and have someone witness your signature.

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Outing Leader: \_\_\_\_\_

Witness: \_\_\_\_\_

*Outing Leader: Please fill in and submit report below.*

**REPORT OF TRAIL CONDITIONS:**

Where did you start and finish?

How was the condition of the trail?

Do we need to send in further work parties?

Any other comments (i.e. blazes, signage, re-routes needed, etc.)?

**Report of "Incidents" that happened or came close to happening** (to VTA Coordinating Council for discussion):

**Please send this to: VTA, PO Box 20040, 150 Churchill Blvd., Sault Ste. Marie, ON P6A 6W3. Thank you.**  
(REMEMBER: Draws will be made at the end of each year for free memberships for those who lead outings, serve as sweep, and all those who participate in work parties, but we can only enter their names if this sheet is handed in.)