



VOYAGEUR TRAIL ASSOCIATION

- LEADER'S CHECKLIST:**
Are the participants:
- Inexperienced
 - Dressed properly
 - Lunch & water
 - Children
 - Sign agreement
 - Offer brochure on VTA
 - Introductions done
 - Expectations: *distance, breaks, return time*
 - Appoint sweep
 - Explain sweep's role
 - Any questions?
 - Count how many
 - Car pool
 - On trail, stop for breaks & count
 - Report trail conditions afterwards

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.)

ASSUMPTION OF RISK AGREEMENT

I hereby acknowledge the nature of the event and related activities I am undertaking with the Michipicoten 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.)*

under 18
 age 19-40
 age 41-60
 over 61

| Name (please print) | Signature | Phone No. | Emergency Contact | |
|---------------------|-----------|-----------|-------------------|-------|
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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.

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.)