



# VOYAGEUR TRAIL ASSOCIATION & HIKE ONTARIO

Date: \_\_\_\_\_ Started: \_\_\_\_\_ Stopped: \_\_\_\_\_

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

Hike  Snowshoe  Work Party  Other: \_\_\_\_\_

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

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

### Checklist:

- dressed properly?  inexperienced?
- lunch & water?
- children?
- sign agreement
- offer brochures on VTA
- introductions done?
- expectations: *distance, breaks, return time*
- any questions?
- appoint sweep
- explain sweep position
- explain about nature's calls
- count how many
- car pool
- when on trail, stop for breaks & count
- report trail conditions afterwards



**hike ontario**  
experience it...one step at a time

## ASSUMPTION OF RISK AND WAIVER AGREEMENT FOR PARTICIPANTS

I hereby acknowledge the nature of the event and related activities I am undertaking with the Casques 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. I also release the Casques Isles Club, the Voyageur Trail Association and Hike Ontario from any and all liability for personal injury and costs to me arising from such risks. (*Children under 18 may not sign for themselves.*)

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.

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

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

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Hike 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 may be made at the end of each year for free memberships for those who lead outings, serve as sweep and those who participate in trail maintenance work parties, but we can only enter names if this sheet is handed in.)