



Benton MacKaye Trail Association

Waiver and Release Form

**Note: Dogs are allowed on BMTA hikes only for those hikes that are specifically designated as “dog friendly.”
In those cases, dog owners must adhere to BMTA’s “Guidelines for Bringing Your Dog on a BMTA Hike.”**

After the hike, please mail this W&R Form to:

BMTA, P.O. Box 6, Cherry Log, GA 30522 or scan and email to hikeleader@bmtamail.org.

Name / Date of Activity: _____

Hike Leader: _____

Each of us individually (and/or as parent and/or guardian of the named minor) for and in consideration of receiving permission from the Benton MacKaye Trail Association to participate in the above recreational activity of the Association do hereby release, remise, waive, and forever discharge the Benton MacKaye Trail Association, together with all of its officers, directors, trip leaders and co-leaders, and members, from any and all liability, claims, demands, actions, or cause of actions, whatsoever arising out of or related to any injury, illness, loss or damage, including death, relating to participation in the said activity. If I bring a dog on a “dog friendly” hike, I accept sole responsibility for the behavior of my dog.

***M=Member, G=Guest**

	PRINT NAME	SIGNATURE	*M/G	EMERGENCY CONTACT #	EMAIL ADDRESS
1					
2					
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10					
11					
12					

By providing my email address I understand I am giving BMTA permission to email me news, updates and announcements concerning BMTA.

	PRINT NAME	SIGNATURE	*M/G	EMERGENCY CONTACT #	EMAIL ADDRESS
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23					

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BMTA Post-Activity Report

Please email hikeleader@bmtamail.org

Name of Activity: _____

Leader: _____

Trip Problems:

Activity took place as scheduled? Yes No

If not, Please explain:

Recommendation:

Should we repeat this trip? Yes No

Please describe any problems with trip:

Thank you for your input! It will be helpful in planning future activities!

BMTA Newsletter Write Up

Please email to newsletter@bmtamail.org and hikeleader@bmtamail.org after hike is completed.

Please email photo if one is available.

Name of Activity: _____

Date of Activity: _____

Reported by: _____

Activity write-up:

Benton MacKaye Trail Association

Parent's Medical Release Form

I, _____, the parent / legal guardian of _____,
recognize the inherent risks of this event and, assuming personal responsibility, release the Benton MacKaye Trail Association from
liabilities related to my child's participation in the activity of:

_____ on _____ (date).

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give
my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization,
anesthesia, surgery or injections of medication for my child.

Signature of parent or guardian

Name of parent or guardian (Print)

Address

City, State, ZIP Code

Phone Number

Date