

**Benton MacKaye Trail Association  
Waiver and Release Form**

**Please note: Pets are not allowed on BMTA hikes**

After the hike, please mail this W&R Form to:  
Pam Sullivan, P.O. Box 816, Morganton, GA. 30560

Name 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.

**M=Member, G=Guest**

	Print Name	Signature	M/G*	Emergency contact #	Email address
1.					
2.					
3.					
4.					
5.					
6.					
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**BMTA Post-Activity Report**

Please email to [pams11@tds.net](mailto:pams11@tds.net) after hike

Name of Activity:

Leader:

Trip Problems:

Activity took place as scheduled? \_\_\_Yes \_\_\_No

If not, please explain:

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Recommendation:

Should we repeat this trip \_\_\_Yes \_\_\_No

Please describe any problems with trip:

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

## **BMTA Newsletter Write-up**

**Please email to [bmtaeditor@bmta.org](mailto:bmtaeditor@bmta.org) or [hikingchair@bmta.org](mailto:hikingchair@bmta.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