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 kcissna@usf.edu

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

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

Please email kcissna@usf.edu

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:

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

Please email to mwill148@georgiasouthern.edu and kcissna@usf.edu 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