

Gilford Parks & Recreation Department  
2020 Adult Fall Hiking Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Please list any medical/health problems \_\_\_\_\_

\_\_\_\_\_

**Program:** A variety of hikes scheduled on Tuesday mornings throughout the fall. Participants will meet in the Town Hall at 9:15 a.m. prior to departing for each hike.

Please note that the schedule is subject to change due to weather and trail conditions.

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**Release of Liability**

By signing below, I am accepting the assumed risk to participate in the above listed Adult Fall Hiking Program sponsored by the Gilford Parks and Recreation Department. By signing below, I verify that I am at least 18 years of age. I understand that my photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website. I understand that hiking outdoors can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, snow, rain and wind; trails that may be uneven, muddy, snow covered, icy and slippery. I understand that hiking outdoors can be a vigorously physical activity and may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in the adult hiking program may subject me to exposure to the COVID-19 virus. I assume all risks inherent to said activity and do hereby release the Gilford Parks and Recreation Department as well as their staff and volunteers assisting with this program from any liability arising out of any injury which may occur to me during the course of the program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date