

Oregon Nordic Club

Assumption of Risk and Liability Waiver

Outdoor adventures by their very nature are inherently dangerous and involve some degree of risk. I am aware that participating in the Oregon Nordic Club's outings may expose me to certain risks and dangers including, but not limited to the hazards of mountainous, aquatic or wilderness terrain, accident, illness, the forces of nature, and travel to and from the trailhead or point of departure. I am aware that it is not possible to foresee all of the hazards of outdoor activities. Each participant in an Oregon Nordic club activity is responsible for his or her decisions.

To the best of my knowledge, I feel physically and mentally able to assume full participation in the outings, trip or activity. I have and do hereby assume all the risks inherent in these activities and agree to hold harmless from and against any and all liability, claims and demands of any nature, including but not limited to liability for negligence, the Oregon Nordic Club, and any of their agents, tour leaders, officers, assistant leaders, instructors and other participants.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS CONCERNING THE OREGON NORDIC CLUB'S OUTING PROGRAM.

Trail Tender: _____ Date: _____

	Name	Address	Phone and Email	Car License (of driver)
1	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
2	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
3	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
4	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
5	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
6	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
7	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
8	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
9	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
10	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
11	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
12	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
13	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no
14	print	street	phone	
	sign	city, state, zip	email	Member: ___ yes ___ no

Trail Tending Leader: please return this completed Form to the Trail Tending Coordinator. Thank you!