

## Registration Form



## PLEASE USE **ONE** FORM PER PERSON. SUBMIT TO:

Vernon Township Recreation 21 Church Street. Vernon, NJ 07462 mdowntain@vernontwp.com

## By registering in the Group Hiking Program, you agree to the following: **Full Name** DOB **Address** Town **Phone Email** I acknowledge that by participating in this program, I will be engaged in outdoor activity, and that such activity may involve risk including, but not limited to, the risk of illness or injury from natural hazards, and risks associated with the actions of others and I have consulted a physician regarding any health risks. I (and, in the case of participants under the age of 18, on behalf of such minors) hereby waive any right of recovery and release the Township of Vernon, its employees, staff and agents, participating merchants and sponsoring parties (collectively, "Released Parties"), from liability arising from any and all injury to persons and parties from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of my (or minor's) activities and participation in the Group Hiking Program. I further acknowledge and agree that the Township of Vernon does not assume any responsibility whatsoever for any property and I shall not hold the Township of Vernon liable for any loss or damage to property. I agree to follow and practice the 7 principles of "Leave No Trace" to help protect our natural resources. <a href="https://lnt.org/why/7-principles/">https://lnt.org/why/7-principles/</a>

As it applies to my participation, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html</a>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state or the community.

Date

Signature