



TriState Ramblers Sign-In Sheet and Trip Report

Leader: Please send completed form to Terry Kulmane, 10 Davenport Place, Morristown, NJ 07960
 (Option: Scan and email both sides to terrykayhiker@yahoo.com)

Location _____ Miles _____

Date _____ Weather _____

Leader Name _____ Signature _____

Comments _____

Participant's waiver and release: I am participating in the above activity with the understanding and agreement that all personal activity is at my own responsibility and risk and under my own supervision. I have full understanding of the many hazards that could occur to me while participating in outdoor activities. I participate of my own free will and volition. I understand and agree that, should any mishap or injury of any kind, nature, or description occur to me during this activity, or coming to or going from this activity, I alone will bear the responsibility and assume the entire risk for my own health, welfare, and safety. I agree to hold all participants, including leader(s) individually and jointly, harmless from and against any and all claims, charges, demands, lawsuits, damages, judgments, and causes of action, both direct and ancillary, including without limitation personal and property injury or loss, costs of defending lawsuit, and attorneys' fees. **I have read the waiver and sign this form voluntarily and without reservation.**

**Meetup and Guests may participate in three outings before joining the club. Provide contact information on reverse side.*

	Print Name Clearly	Signature	Member	Meetup*	Guest*	Have Emergency Card ?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Meetup and Guests may participate in three outings before joining the club. Please provide contact information below.

Print Name Clearly	Your Phone and Email	Emergency Contact Info

TriState Ramblers Incident Report

Participant's name _____ DOB _____ M - F Member? Yes - No

Cell phone _____ Home phone _____

Time of incident _____ Location _____

Description _____

The participant:

Continued until the end of the activity? Yes - No

Left the activity? Yes - No If yes, who accompanied him/her? _____

Went to a medical facility? Yes - No

Required outside assistance? Yes - No If yes, describe: _____