



# VOYAGEUR TRAIL ASSOCIATION

Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_ hike \_\_ snowshoe \_\_ work party \_\_ other: \_\_\_\_\_

Outing began

at: \_\_\_\_\_

Leader: \_\_\_\_\_

Ended at: \_\_\_\_\_

Sweep: \_\_\_\_\_

### Checklist:

- dressed properly?  inexperienced?
- lunch & water?
- children?
- sign agreement
- offer brochures on VTA
- introductions done?
- expectations: *distance, breaks, return time*
- any questions?
- appoint sweep
- explain sweep position
- explain about nature's calls
- count how many
- car pool
- when on trail, stop for breaks & count
- Call 1-877-393-4003 & report trail conditions.

## ASSUMPTION OF RISK AGREEMENT FOR PARTICIPANTS

I hereby acknowledge the nature of the event and related activities I am undertaking with the \_\_\_\_\_ Club of the Voyageur Trail Association and the risks, which may be determined by, but are not limited to, my physical condition, clothing and personal equipment, tools used, terrain, weather, distance travelled during the event, other participants and vehicular traffic, and voluntarily assume the risk of injury, death and property damage to myself and others. *Hike Ontario is now asking us to voluntarily keep track of the age of our participants (for statistics for grants only). (Children under 18 may not sign for themselves.)*

Name <i>(please print)</i>	Signature	Phone No.	Emergency Contact	under 18	age 19-40	age 41-60	over 61
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
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_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

*(Use more than one sheet if required. Record total number of participants on last page.) More on back of this sheet.*

**Please send this to VTA, PO Box 20040, 150 Churchill Blvd., Sault Ste. Marie, ON P6A 6W3. Thank you.**  
 (REMEMBER: Draws will be made at the end of each year for free memberships for those who lead outings and those who serve on trail maintenance parties, but we can only enter names if this sheet is handed in.)

**Hike Leader:** Record the name(s) below of anyone who refused to sign in, and have someone witness your signature.

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Hike Leader: \_\_\_\_\_

Witness: \_\_\_\_\_

**(Outing Leader, please fill in and submit report below)**  
**REPORT OF TRAIL CONDITIONS:**

Where did you start and finish?

How was the condition of the trail?

Do we need to send in further work parties?

Any other comments (i.e. blazes, signage, re-routes, etc.)?

**REPORT OF "INCIDENTS" THAT HAPPENED OR CAME CLOSE  
TO HAPPENING (to VTA Coordinating Council for discussion):**

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