



**VOYAGEUR TRAIL ASSOCIATION ASSUMPTION OF RISK AGREEMENT (cont'd.) - Page 2**

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

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Outing 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 needed, etc.)?

**Report of "Incidents" that happened or came close to happening** (to VTA Coordinating Council for discussion):

**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, serve as sweep, and all those who participate in work parties, but we can only enter their names if this sheet is handed in.)