

SENIOR TRAILBLAZERS LIABILITY RELEASE

Date: _____ **Destination:** _____ **Leader:** _____

By signing below for this hike I acknowledge that my participation in today's activity is voluntary. I recognize that there are risks associated with this hike, therefore I accept full responsibility and liability for such risks as a condition of participation in this activity. I will follow the directions of the hike leaders. Contact from front hikers to those at the back should be maintained at all times. I further understand that the Senior Trailblazers are an informal group of hikers that are not supervised or sponsored by Whatcom County, the Bellingham Senior Activity Center, or the Whatcom County Council on Aging.

I hereby release Whatcom County, the Bellingham Senior Activity Center, Whatcom County Council on Aging, the Senior Trailblazers and the Hike leaders, either individually or collectively, from any liability arising from or in any way connected with the hiking activity that I am participating in today.

Signature

Print Last Name **BSAC**
Member

1. _____	_____	<input type="checkbox"/>	11. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	12. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	13. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	14. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	15. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	16. _____	_____	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	17. _____	_____	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	18. _____	_____	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	19. _____	_____	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	20. _____	_____	<input type="checkbox"/>

Signature

Print Last Name **BSAC**
Member