

# Outdoor Club of Virginia Tech

## Waiver and Assumption of Risk Form / Maintenance Log

Activity \_\_\_\_\_ Name / Description \_\_\_\_\_ Date \_\_\_\_\_

I understand that I may be injured as a result of my voluntary participation in this activity. I waive and release any and all claims for myself, my personal representative, estate, and heirs against the Outdoor Club of Virginia Tech (OCVT), its officers, agents, and representative, for any injury and illness which may result directly or indirectly from my participation. In addition, I (or my estate, in the event of my death) will reimburse OCVT and any individuals or agents of OCVT for any expenses and attorney's fees they might incur in defending against any lawsuits brought by my insurance carrier / legal guardian / estate / next of kin. Finally, in the event that the OCVT, or any of its agents, employees, and members are compelled to pay any damages for my injuries as the result of a court decision, I or my estate will reimburse OCVT and / or any members, employees or agents for those damages.

I agree to conduct myself in a safe manner, and to follow the instructions of the agents, employees, and members of the OCVT during this event. I will conduct myself in a manner that will not jeopardize the safety and enjoyment of other participants. If I am not properly prepared or if there are reasons I may jeopardize my or the group's safety, the officers or agents of OCVT may ask me not to participate.

I also understand that if I engage in criminal activity or if I become disruptive at the OCVT activity, I will be held responsible for my behavior, and that my activities may be reported to the authorities.

I am also representing that I do not have any illness or injury that would prevent me from safely participating in this activity, and I will immediately notify the officers or agents of OCVT if I feel ill or uncomfortable at any time. I warrant that I am fully covered by a health insurance policy for any injuries that I sustain, or that I have decided to participate in this potentially hazardous activity without the protection of any coverage, by my choice.

Name (print)	Signature	Age Group (please circle)	Sex M / F	Ethnic Data (please circle)
1.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
2.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
3.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
4.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
5.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
6.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
7.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
8.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
9.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander
10.		< 18   18-55   >55		Hispanic / Caucasian / African American / Native American / Asian, Pacific Islander

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## Work Trip Information

*Times:*

Travel Time: TO TRAILHEAD \_\_\_\_\_ RETURN HOME \_\_\_\_\_

**Total Travel Time:** \_\_\_\_\_

Field Time: FROM \_\_\_\_\_ TO \_\_\_\_\_

**Total Field Time:** \_\_\_\_\_

*Area Information:*

Location of project: \_\_\_\_\_

Work completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there follow up work needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any problems spotted? Report below:

Location, mileage from trailhead	Type of problem	Urgency	Notes: