

Girl Gotta Hike, LLC. Participant Information, Waiver of Liability and COVID-19 Safety Policy

Participant Information:		
Full Name of Participant:		_ Date of Birth:
Parent or Responsible Adult (if under 18):		
Address:		
City:	_ State:	Zip Code:
Email:		Phone:
Emergency Contact:	Relationship:	Phone:
Please list all allergies and medical conditions:		
Please list all medications you are currently taking:		
Have you had an allergic reaction to a bee sting? *If yes, you MUST carry epipen with you.	Yes No	
Do you suffer from asthma? Yes No *If yes, you MUST carry an inhaler with you.		
Are you diabetic? Yes No *If yes, you MUST carry the necessary items to monitor and maintair	n blood sugar levels.	

By initialing here,_____, I certify that the above information is accurate, to the best of my knowledge.

Waiver & Liability Agreement:

In consideration of Girl Gotta Hike providing Guided services and/or equipment and/or using my own equipment to enable me to participate in Guided hiking, backpacking, camping and/or other related outdoor &/or secondary activities, I voluntarily agree to the following:

1. Activities and Risks I understand and acknowledge that outdoor recreational activities have inherent risks, dangers and hazards. Participation in such activities may result in injury or illness including, but not limited to: dehydration, heat stroke, frostbite, hypothermia, skin rashes, bee stings, diseased carried by ticks and mosquitos, sprained or broken bones and falls that may result in serious injury or death.

2. Assumption of Risk By my participation in these activities, I agree and acknowledge that I am a consenting party to these activities and that I am aware of the risks of these activities. I appreciate the nature of the risks and voluntarily assume those risks.

3. Release of Liability On behalf of myself and my successors or assigns, I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Girl Gotta Hike, LLC., its owners, agents, officers, and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise that may arise out of my participation in Guided hiking, camping, backpacking and any or all other related and/or secondary activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Girl Gotta Hike, LLC., their successors and/or assigns.

4. Permission for Photography and Videography I may be photographed or videotaped, and I irrevocably grant to Girl Gotta Hike,LLC., its successors, assigns, and licensees the exclusive right and authority to use, copyright and publish my voice, picture, name, and likeness for advertising, publicity, or promotional and other purposes in connection with Girl Gotta Hike, LLC. in any form, including and without limitation, social media outlets, newspapers, magazines, motion pictures, game programs, audio tapes, video tapes, television broadcasts and web pages. The right shall belong to Girl Gotta Hike, LLC. at all times and shall survive the termination of this document. No additional compensation shall be paid or payable to me for any right or use granted to Girl Gotta Hike, LLC. by me.

COVID-19 Safety Policy and Procedures:

Girl Gotta Hike is committed to ensuring the health and safety of all of our guides and event participants. The following safety policy and procedures, adapted from and in compliance with NY State Reopening Guidelines, must be acknowledged and agreed to prior to participation in any Girl Gotta Hike event.

Number of Participants:

The number of participants will be limited in accordance with the social gathering restrictions that are in effect within the region the event takes place. In most instances, we will exceed local recommendations and limit groups to 5 participants.

Physical Distancing:

Individual participants and guides must maintain a distance of six feet from one another, unless the terrain or activity makes that impossible, or when ensuring one's safety requires a shorter distance. Members of the same household may recreate in closer proximity.

Protective Equipment:

Face coverings must be worn in cases where a six-foot distance is not possible, unless participants are members of the same household. Acceptable face coverings include but are not limited to cloth or surgical masks.

Hygiene, Cleaning and Disinfection:

The use of shared equipment, such as tents and cooking gear will be limited, and use of individual items encouraged instead. Individual hand sanitizing must occur prior to use when gear must be shared, and all gear will be sanitized between uses.

Screening:

Participants must reside in a region that has reached Phase 2 of New York's re-opening plan, or the equivalent when traveling from out of state, or they must quarantine for 14 days prior to participation. Individuals will be required to postpone their participation if they:

- Test positive or suspect exposure or a COVID-19 diagnosis of themselves or a household member
- Have experienced a fever in the 48-hours prior to event
- Are experiencing two or more symptoms commonly associated with COVID-19 other than fever
- Have been notified of exposure to COVID-19 and are under a mandatory quarantine period

Symptoms / Sickness:

If any individuals or guides begin to experience flu-like symptoms while on an adventure, they will be physically isolated from the rest of the group while a determination is made how to best seek further care. Symptomatic participants will be required to wear a face mask at all times until reaching definitive care.

Contact Tracing:

If within 14-days of participation in a Girl Gotta Hike event, an individual becomes ill with COVID-19, they must notify Girl Gotta Hike as soon as possible, so we can notify fellow participants. Any affected guides will be required to self-quarantine for 14 days prior to guiding another trip.

I certify that I have reviewed all of the above terms of the Waiver & Liability Agreement and the COVID-19 Safety Policy and Procedures and by signing below, I hereby consent and agree to all of the above terms.

Full Name of Participant:	_ Date:
Signature:	

Signature of Parent or Responsible Adult (if under 18):_____