

**DURHAM OUTDOOR CLUB**  
**WAIVER AND EMERGENCY CONTACTS**



Date: \_\_\_\_\_  
 Group Leader: \_\_\_\_\_  
 Type of Activity: \_\_\_\_\_  
 Location: \_\_\_\_\_ Distance: \_\_\_\_\_  
 Terrain: \_\_\_\_\_ Hazards: \_\_\_\_\_

I understand that this activity could be hazardous and requires the exercise of due caution on my part. I am suitably equipped and fit enough to complete the activity and have no medical conditions that could reasonably be expected to pose a risk to me or to the group. I agree to advise the leader of any medical conditions that may require assistance (e.g. allergies, heart condition, etc.) and agree to follow directions of the leader(s) for the duration of the activity. I acknowledge that failure to abide by these conditions could put me or other members of the group at risk.

I hereby release the Durham Outdoors Club, executive, volunteers, agents, assigns and executors from all claims for damage however so arising as a result of my participation in this or any other activity organized by the Association. I agree to pay the cost of any emergency evacuation of my person or belongings that may be necessary.

| PRINT -Name | Signature | Phone # | Emerg. Contact | Phone # | First Aid/ |
|-------------|-----------|---------|----------------|---------|------------|
| 1           |           |         |                |         |            |
| 2           |           |         |                |         |            |
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| 12          |           |         |                |         |            |
| 13          |           |         |                |         |            |
| 14          |           |         |                |         |            |

| <b>PRINT -Name</b> | <b>Signature</b> | <b>Phone #</b> | <b>Emerg. Contact</b> | <b>Phone #</b> | <b>First Aid</b> |
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| 15                 |                  |                |                       |                |                  |
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| 38                 |                  |                |                       |                |                  |