



Get on the Trail with Friends and Missy
2021 Participant Information

Name: _____

Email: _____

Daytime Phone number: _____

Emergency Contact: Name _____ # _____

Health Concerns/ Health History _____

Waiver Statement
Please Read Carefully

I hereby release Friends of Great Smoky Mountains National Park, Missy Kane and sponsors from any and all liability arising from any incident, act of omission or commission which arises while I am participating in the *Get on the Trail with Friends and Missy* program. I recognize that exercise is not without some risk of minor and/or serious injury. I understand these risks and also the benefits of exercise. I agree to be solely responsible for any and all cost, damages, and expenses incurred by me as a result of any injury sustained by me from participating in “Get on the Trails with Friends and Missy” and agree not to hold Friends of Great Smoky Mountains National Park and its staff responsible in any way for any such injury. And any photos that include me can be used in promotional materials and ads for *Get on the Trail with Friends and Missy*.

Signature: _____ Date: _____

Witness: _____ Date: _____

