

**2017 HEALTH HIKE
WAIVER FORM FOR MINORS UNDER AGE 18**

NAME OF PARTICIPANT _____

Emergency Phone _____

I, the parent/guardian of the aforementioned participant, do hereby grant my permission to such person to participate in the Health hike

North Country National Scenic Trail October 1, 2017

We/I understand by its very nature, hiking could prove dangerous. We/I waive responsibility for the Knights of Columbus Council 604 and those associated with the hike.

Parent/Guardian Signature _____

I, the student participant, agree to this contract.

Participant Signature _____