

# Piedmont Appalachian Trail Hikers

## VOLUNTEER RELEASE FORM

**Piedmont Appalachian Trail Hikers [PATH]**

**Appalachian Trail Conservancy [ATC]**



Post Office Box 4423  
Greensboro, NC 27404



Post Office Box 807  
Harpers Ferry, WV 25425-0807

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Read carefully before signing:

I, the undersigned, participating in a PATH Event do ask PATH and the ATC to permit me to perform tasks as a volunteer on any of the following: any part of the Appalachian Trail or any other Trail that is part of the Jefferson National Forest or the George Washington National Forest [JNF/GWNF].

I, the undersigned, acknowledge that I understand that the activities I will engage in may involve risk to me, including the possibility of injury or death.

In consideration of my participation in these activities:

I, the undersigned, agree to release, defend and hold harmless [1] PATH, its officers, directors, representatives and volunteers and [2] the Appalachian Trail Conservancy, its officers, directors, employees, representatives and volunteers from liabilities on account of injury to my body, health, well-being or property, or any other loss, claim or damage, without limitation.

(Signature, Volunteer) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parental Signature **REQUIRED** for Volunteers less than 18 years of age)

(Signature, Witness) \_\_\_\_\_ (Date) \_\_\_\_\_