



CTA TOUR PARTICIPANT LIABILITY WAIVER

Please return to CTA office after tour completion, 1 Mill Street., Suite 350, Burlington, VT, 05401

Tour Leader(s) _____

Tour Name/Section/Zone: _____ **Tour Date** _____

I hereby release the Catamount Trail Association, its officers, members, tour leaders, volunteers, sponsors and host sites of any liability for personal injury resulting from my participation in any CTA sponsored event during the period specified below. I understand that there are inherent risks associated with cross-country/backcountry skiing in wilderness settings such as snowmobiles encounters on trails shared with them, fallen trees hidden under snow, icy conditions and steep terrain that can make ascents and descents treacherous, and I assume all responsibility for any injuries stemming from my participation in this event. I agree to abide by the instructions of the CTA's volunteer Tour Leaders and any designated co-leader(s).

Additionally, I understand that the CTA cannot control possible exposure to Covid-19. I agree not to participate in today's tour if I am not feeling 100% healthy. I agree to maintain at least 6ft of space between myself and other tour participants outside of my household. I agree to bring and wear a mask at times when adequate distance between others cannot be maintained. I confirm that I am aware of, and have followed, all state and federal guidelines and restrictions pertaining to safe travel and engagement with others.

Lastly, participants on CTA Multi-Day Tours are required to be vaccinated against COVID-19 and able to provide proof of vaccination if requested. Clicking YES below confirms that you understand this and are vaccinated.

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO

Name _____ Email _____

Phone _____ I am vaccinated, and can provide proof of vaccination ☐ YES ☐ NO