



Northern Virginia Hiking Club

Hike Name: _____

Hike Date: _____

Hike Rating: _____

Leader(s): _____

Phone: _____

Emergency #s: _____

Linear Distance: _____ miles

Elevation Gain: _____ feet

Suggested Carpool Fee: \$ _____ per person

Park Entry Fee: \$ _____/car

HIKE RATING GUIDE: Elevation gain is divided by 400 and added to linear distance. Hike is rated D (Easy) if the total is less than 7; C (Moderate) if between 7 and 10; B (Moderately Difficult) if between 10 and 13; A (Difficult) if more than 13.

SAFETY MESSAGE: We recommend that you *DO NOT HIKE* if you answer *NO* to any of the following questions:

- **MEDICAL FITNESS:** Are you medically fit to participate in this event? **FOOTWEAR:** Have you proper footwear (hiking boots recommended)?
- **EXPERIENCE:** Have you done a hike of similar difficulty in recent past (same hike rating or one lower)? **FOOD AND WATER:** Have you enough food and water (two quarts; more in hot weather)?
- **CLOTHING:** Have you proper clothing, especially for cold weather (layered clothing, warm wool sweater or jacket, gloves or mittens, ear muffs, hat, rain gear, and so on)?

LIABILITY DISCLAIMER: By signing below I agree to the following: Any person participating in any Club activity, whether a member or non-member of the Club, is responsible for his or her own safety, health and welfare, and must assume, and agrees to assume all risks and liabilities related to, or resulting from, any and all Club activities. The Club, its leaders, officers and representatives are not liable for any injuries, losses, or damage to persons, children, pets, and/or other property, arising directly or consequentially out of any trips and/or activities of the Club.

| # | Name (Please Print) | Meetup Name | Contact Number (Cell Preferred) | Emergency Number | Paid Member (Y/N) | Signature |
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HIKE INCIDENT REPORT

Check as many as applicable

Nature of Incident:

- | | | | | |
|----------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Injury | <input type="checkbox"/> Medical Problem | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Heat Exhaustion |
| <input type="checkbox"/> Hike Too Hard | <input type="checkbox"/> Hiker Lost/Alone | <input type="checkbox"/> Car Lost | <input type="checkbox"/> Leader Lost | <input type="checkbox"/> Insect Bite |
| <input type="checkbox"/> Blisters | <input type="checkbox"/> Hungry Hiker | <input type="checkbox"/> Unusual Hiker | <input type="checkbox"/> Other | |

Person(s) Affected: _____

Chronology (Use separate sheet if necessary):