



Northern Virginia Hiking Club

Hike Name: _____

Hike Date: _____

Hike Rating: _____

Leader(s): _____

Phone: _____

Emergency #: _____

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: I the undersigned do hereby agree to assume all risks and liability related to or resulting from any and all Club functions. I will not hold any of the Club's leaders, officers, or representatives liable for any injury, loss, or damage to my own person or any members of my family, children, pets, or property, arising directly or as a consequence of a Club hike or other activity.

#	Hiker's Name	Home Phone	Email	Emergency Phone	Current Year Member? (Y/N)	Signature	Mem Dues/Guest Fee
1							
2							
3							
4							
5							
6							
7							
8							
9							

PLEASE READ IMPORTANT SAFETY MESSAGE OVERLEAF

#	Hiker's Name	Home Phone	Email	Emergency Phone	Current Year Member? (Y/N)	Signature	Mem Dues/Guest Fee
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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):