05/01/2025

MOUNTAIN CLUB OF MARYLAND YOUTH MEMBER LIABILITY WAIVER

DATE OF HIKE_____

NAME OF TRIP_____

TRIP LEADER _____

As the parent/guardian of _____

I give my permission for her/him to hike with the Mountain Club of Maryland (MCM) on the above hike. She/He is a current youth member of the MCM and meets the age requirement for youths to hike without a parent or guardian.

She/He is _____ years old.

I agree that the Mountain Club of Maryland, its officers, representatives or leaders shall not be held liable for any injury, loss, or damage to my child, including while traveling to and from the hike location, or damage to our property, direct or consequential, arising out of other activities of the club.

I agree that any minor medical treatment required by my child can be treated by the hike leader or other knowledgeable person available on the hike.

I understand that in the event of a medical emergency the trip leader will make every effort to contact me and/or my spouse or other guardian before initiating the application of such treatment. However, whether or not I am successfully contacted, I hereby consent to the trip leaders seeking any medical attention that may be necessary including immediate first aid.

Date_____

Parent or Guardian (Signature)_____

Parent or Guardian (Print Name)_____

Emergency Phone Number_____

*This form must be presented to the hike leader for all hikes being attended by youth members age 16 to 18 years of age on the day of their hike. If you forget the form, you will not be allowed to hike with MCM. You must submit a **Waiver** for each individual hike.*