

2023 version

River-to-River Trail Society Sign-In Sheet and Waiver of Liability

Hike: Bill Gilmore Date: 3/2/2024

→ **Check the box** to the left of your name acknowledging you have read the Society Liability Waiver in full, understand the promises set forth in them, and freely and voluntarily assume any and all risks relating to, or arising from, my participation in this hiking experience.

Box	Signature Printed Name	Street Address City, State	Preferred Phone Emergency Phone
<input checked="" type="checkbox"/>	Chris Drowe Chris Drowe	1812 Marshall St 51d IL	(618) 926-3254 () -
<input checked="" type="checkbox"/>	Doris Durham DORIS DURHAM	3175 HAMBURG RD GALATIA IL 62935	(618) 499-0457 () -
<input checked="" type="checkbox"/>	JARRETT M. WATSON <i>[Signature]</i>	1935 Sloan Rd Galatia, IL 62935	(418) 499-6183 () -
<input checked="" type="checkbox"/>	<i>[Signature]</i> SAM MORRIS	105 EDGEMOOD CARMIL, IL	(618) 384-1321 (618) 384-1833
<input type="checkbox"/>	<i>[Signature]</i> DAVE COOPER	P.O. Box 363 BENTON IL	(618) 439-6752 () -
<input type="checkbox"/>	<i>[Signature]</i> James Bauer	165 Bay City Rd. Golconda, Ill	(618) 453-6123 () -
<input type="checkbox"/>	<i>[Signature]</i> Laurin Schneider	475 N Robinson Cir Carbondale, IL 62901	(618) 926-5800 (618) 926-5895
<input type="checkbox"/>	<i>[Signature]</i> Daniel A. Paddick	9 Bill Hill Hollow Rd Stonefort, IL 62987	(618) 322-4082 (618) 559-3315
<input type="checkbox"/>	<i>[Signature]</i> Charlie Kahle	2003 Francis Dr Marion, IL	(760) 519-8703 () -
<input type="checkbox"/>	Nathan Heldbrand	Goreville IL	(804) 735-9226 (807) 517-7770
<input checked="" type="checkbox"/>	Susan Wygant	Harrisburg IL	(281) 386-9851 () -
<input checked="" type="checkbox"/>	Bill Gilmore	Metropolis	() - () -

2023 version

River-to-River Trail Society
Sign-In Sheet and Waiver of Liability

Hike: _____ Date: _____

→ **Check the box** to the left of your name acknowledging you have read the Society Liability Waiver in full, understand the promises set forth in them, and freely and voluntarily assume any and all risks relating to, or arising from, my participation in this hiking experience.

Box	Signature Printed Name	Street Address City, State	Preferred Phone Emergency Phone
<input checked="" type="checkbox"/>	Bob Mulcahy Mulcahy	Orville	(618) 579 4144 () -
<input checked="" type="checkbox"/>	Deb Towne Towne	Emerging	(763) 471-17500 () -
<input type="checkbox"/>	Megan Henderson	Belknap IL	618 967-0019 () -
<input type="checkbox"/>	Pam Wilms	Paducah	() - (270) 709 5364
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -
<input type="checkbox"/>			() - () -